



CUSTODIAL APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____
(Street) (Mailing address if different)

(City, State, Zip)

HOME PHONE: _____ CELL PHONE: _____
Circle # for Alert Notification Service (emergency closings; snow days; etc.)

E-mail ADDRESS: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

<p>RACE: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p> <p>Social Security #: _____ Date of Birth: _____ US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single</p> <p>Health Benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable</p>
--

FOR OFFICIAL USE

Board Approval: _____ Start Date: _____ System 3000 ID: _____

Replacement for: _____ Position/School: _____

AESOP Aesop letter Google Doc Certs: _____

Transcripts Confidentiality Oath of Allegiance

I-9 W-4 Direct Deposit with Void check

Medial Drug Mantoux 3 reference checks

Criminal History: NEW ARCHIVE - Approval Date: _____

Level: _____ Step: _____ Salary: _____



NAME: _____ DATE: _____

EDUCATION

	NAME OF SCHOOL	FROM MO/YR	TO MO/YR	LOCATION	MAJOR FIELD
High School					
College/University					
Graduate Work					

EXPERIENCE

EMPLOYER	LOCATION	FROM MO/YR	TO MO/YR	TITLE	NATURE OF WORK

List below three references qualified to give any information to show your fitness for the position you seek:

Name	Address	Phone	Position



NAME: _____ DATE: _____

A. STEAM SYSTEM

1. Can you operate a low pressure steam system? _____
2. Can you operate a high pressure steam system? _____
3. Do you have an Engineer's and Fireman's license issued by the new Jersey Department of Labor or Industry? _____
Date issued _____

B. GENERAL MAINTENCANCE

Kindly check to what degree you can perform the following tasks:

1. Carpentry Work _____ Good _____ Fair _____ Not at all
2. Electrical Work _____ Good _____ Fair _____ Not at all
3. Gardening Work _____ Good _____ Fair _____ Not at all
4. General Cleaning _____ Good _____ Fair _____ Not at all
5. Masonry Work _____ Good _____ Fair _____ Not at all
6. Painting _____ Good _____ Fair _____ Not at all
7. Plumbing Work _____ Good _____ Fair _____ Not at all
8. Repair and Tuning
of Gasoline Engines _____ Good _____ Fair _____ Not at all

General Information

1. Have you ever been in charge of a group of workers? _____
How many _____ Where _____
2. Would you be interested in working the night shift? _____
3. What is the minimum salary you would expect for this position? _____

I understand that before I am employed I must undergo a physical examination by a physician.

Signature of Applicant