

**PONTIAC SCHOOL DISTRICT #429**  
**117 W. LIVINGSTON STREET**  
**PONTIAC, IL 61764**

**CUSTODIAN APPLICATION**

(Please Note: Make an entry in every space.)  
(Use N/A if it does not apply.)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State \_\_\_\_\_ Date of Birth \_\_\_\_\_  
month/day/year

Education:

- a. Highest grade completed \_\_\_\_\_
- b. In what school \_\_\_\_\_
- c. Trade School \_\_\_\_\_
- d. Apprenticeship \_\_\_\_\_

Experience:

- a. Experience in building trades yes/no If yes, what trades \_\_\_\_\_
- b. Experience in building and/or grounds maintenance yes/no No. of Years \_\_\_\_\_
- c. Experience in janitorial work \_\_\_\_\_ No. of Years \_\_\_\_\_

Employment Record: (list most recent employment first)

<u>Employer</u>	<u>Duties</u>	<u>Years Employed (From-To)</u>
1. _____		
2. _____		
3. _____		
4. _____		

Health: A complete medical examination is required of all school district employees at the time of employment.

Do you have any physical defects or handicaps? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list.

Have you ever been indicated by DCFS? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of any criminal activity? YES \_\_\_\_\_ NO \_\_\_\_\_

References: List names and addresses of at least three local people who can vouch for your dependability and competence.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____		
2. _____		
3. _____		