

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

SUBSTITUTE 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. _____		