



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>
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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