# MAINTENANCE/ CUSTODIAL APPLICATION

Postsecondary

Postsecondary

Name\_\_\_\_\_

<u>Directions</u>: Please mail this completed <u>Maintenance/Custodial Application</u> with a letter of interest. The letter of interest should include a paragraph concerning how you view the relationship of a maintenance/custodial worker to the total school program.

Mail to the appropriate school:
Maintenance Director
East Dubuque High School & Junior High
200 Parklane Drive
East Dubuque, IL 61025

Date\_\_\_\_\_

LAST	FIRST	MIDDLE			
Address					
	STREET	CITY	STATE	ZIP	
Home Phone Number	er	Cell Phone Number			
		required on other form(s) prior to employment.			
Detail your qualifica	tions, including such information as ma	chines you can operate or special maintena	nce skills you posse	ess.	
					<del></del>
		EDUCATION:			
School Attended	Name of School	City, State		Calendar Years Attended e.g., 2009-13)	Grade or Degree Completed
High School					

## WORK EXPERIENCE:

List work experiences in reverse chronological order preceding the date of this application.

Name of Company Street Address City, State, Zip	Immediate Supervisor Work Phone Number	Period of Service Give Exact Dates Month and Year	Position and Nature of Duties	Give Reason(s) For Leaving This Position
		From		
		То		
		From		
		To		
		From		
		То		

#### **REFERENCES:**

Three references are <u>required</u>. Give names, telephone numbers, and addresses of persons for whom you have worked or are now working. The complete mailing address must be included. References may be requested to complete a telephone and/or written survey.

Name Include Daytime Telephone Number	Complete Mailing Address Including Zip Code	Relation to Your Work
Name		
Phone		
Name		
Phone		
Name		
Phone		
	·	·

#### **GENERAL INFORMATION:**

If you answer "Yes" to any of the questions below, please attach a separate sheet of paper with a detailed explanation. Responding "Yes" to any of the following questions is not an automatic bar to employment. The date of the offense and the relationship between the offense and the position for which you are applying will be considered.

Are you a U.S. citizen?	Yes	No
Are you authorized to work in the United States?	Yes	No
Have you ever been discharged or requested to resign from a position?	Yes	No
Have you ever had a certificate or license revoked or suspended?	Yes	No
Have you ever been convicted of a violation of law other than a minor traffic offense?	Yes	No
Are any criminal charges or proceedings pending against you?	Yes	No
Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?	Yes	No
Are you listed on the Child Abuse Registry?	Yes	No
Estimate your total absence from work or school for the last three years and explain the reason(s).		

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources.

I waive my right of access or the rights of a designated representative to any such information and, without limitation, hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Illinois or other State Department of Social Services and/or Child Protective Services and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or falsely answered statement made by me on this application or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the East Dubuque School District.

Date	Signature of Applicant	
Date	Signature of Applicant	

### **Equal Opportunity Employer**

The East Dubuque School District shall provide equal employment opportunities to all persons regardless of their race, color, creed, religion, national origin, sex, sexual orientation, age, ancestry, marital status, arrest record, military status or unfavorable military discharge, citizenship status provided the individual is authorized to work in the United States, use of lawful products while not at work, being a victim of domestic or sexual violence, physical or mental handicap or disability, if otherwise able to perform the essential functions of the job with reasonable accommodation, and other legally protected categories. For information regarding procedures for discrimination complaints, contact the district compliance officer.