

Custodian

Employment Application

Midwestern Intermediate Unit IV
N 453 Maple Street
Grove City, PA 16127

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 453 Maple Street
 Grove City, Pennsylvania 16127-2399
 Phone: (724) 458-6700
Custodian

Last Name _____	First _____	Initial _____
Street _____		
City _____	State _____	Zip _____
(Area Code) Phone No. _____	Soc. Sec. No. _____	Date _____

I am interested in:

Full Time Yes No Part Time Yes No Day to day, as needed, substitute Yes No
 I am willing and available to work Day Shift Afternoon Shift Evenings Weekends

Educational Preparation (Include all formal training programs):

Schools Attended	Diploma, Degrees or Credit Earned
Elementary _____	_____
Secondary _____	_____
College _____	_____
Other _____	_____

Enclose original transcripts in a sealed, unopened envelope/copy of diploma/copy of degree

Experience (Present or most recent first):

Dates		Name of Employer and Address		Your Title
To				
From				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving	
Name and Title of Supervisor			Final Yearly Salary	\$

Dates		Name of Employer and Address		Your Title
To				
From				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving	
Name and Title of Supervisor			Final Yearly Salary	\$

Dates		Name of Employer and Address		Your Title
To				
From				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving	
Name and Title of Supervisor			Final Yearly Salary	\$

Please Check Below the Skills in Which You Have Had Training or Experience:

- | | | |
|---|---|--|
| <input type="checkbox"/> Small appliance repair | <input type="checkbox"/> Snow removal | <input type="checkbox"/> Fire safety/security/alarms systems |
| <input type="checkbox"/> Small engine repair | <input type="checkbox"/> Building maintenance | <input type="checkbox"/> Driving a small van/delivery truck |
| <input type="checkbox"/> Grounds maintenance | <input type="checkbox"/> Dealing with cleaning chemicals | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Heating/ventilating/air conditioning (HVAC) | <input type="checkbox"/> Custodial (sweeping/dusting/windows/restrooms) |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Floor maintenance (stripping/waxing/carpet care) | <input type="checkbox"/> Inventory/ordering custodial/maintenance supplies |

Do you have a valid motor vehicle license? Yes No

License Number: _____ Expiration Date: _____

Personal Information:

Do you have the use of dependable transportation should it be required to perform job-related activities? Yes No

Have you been convicted of a felony within the past five years? Yes No

References (List at least three):

Name	Address	Position	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Data:

(Give whatever personal information you wish that might be helpful in the evaluation of your application. Attach additional sheet, if desired.)

Personal Interview:

A personal interview is necessary. Please give the best time for you. Day _____ Hour _____