

PARKVIEW SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT (CUSTODIAL)

Position Applying for:	Social Security Number	Name (Last, First, Middle)
	Telephone Number ()	Mailing Address

EDUCATIONAL AND PROFESSIONAL TRAINING

Schools	Location	Start Date	Graduation Date	Degree	Other Classes Taken

EMPLOYMENT HISTORY

Chronological - Most recent first

From Month/Year	To Month/Year	Employer Name and Address	Name of Immediate Supervisor and Telephone Number	Duties and Responsibilities

Return to: Parkview School District, Business Office, P.O. Box 250, Orfordville, WI 53576-0250

Phone Number (608) 879-2717

Skills
(In an Industrial Setting)

Carpet Care	Swing Scrubber	Auto Floor Mach.	Custodial Equip.	Floor Stripping
Floor Waxing	Facility Cleaning	Cleaning Floors	Equipment Repair	Clean Restrooms

Please list the name of three individuals, not previously listed,
who know of your work and qualifications.

References

Name:	Title:
Organization:	Telephone Number:
Address: (Street) (City) (State) (Zip)	
Name:	Title:
Organization:	Telephone Number:
Address: (Street) (City) (State) (Zip)	
Name:	Title:
Organization:	Telephone Number:
Address: (Street) (City) (State) (Zip)	

PERSONAL BACKGROUND: Include any description of your experience or talent which you believe will contribute to your success in the position for which you are applying; i.e., working with various equipment and machinery, recommending and/or implementing maintenance procedure changes, experience with digital controls, safety rules and regulations, awards, etc.

I certify I fully understand the contents of this application and that the answers given by me are true and correct without omissions. I agree that the District shall not be held liable in any respect if I am denied employment or terminated following employment if it is verified that I submitted false statements and/or omitted substantive information.

Signature of Applicant

Date

The Parkview School District does not discriminate on the basis of age, race, sex or sexual orientation, marital status, handicap, national origin, creed, arrest or conviction record or any other reason prohibited by state or federal law.

Background Check

THE PARKVIEW SCHOOL DISTRICT CONDUCTS BACKGROUND CHECKS ON ALL ADULT EMPLOYEES.

⇒ Do we have your permission to do a background check on you? Yes
_____ No _____

Social Security # _____ *Date of Birth _____ *Race _____

***This information will be used only for the purpose of the background check. It will not be considered for employment.**

⇒ Have you ever been convicted of a felony or misdemeanor? Yes
No

(If "Yes," please provide an explanation in an attachment statement.)

****A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question.**

⇒ Do you have any charge(s) pending against you? Yes _____
No _____

(If "Yes", please provide an explanation in an attached statement.)

****A pending charge or arrest is not an automatic bar to employment and will be considered only as it relates to the job in question.**

I certify I fully understand that by signing below, I am giving permission for the Parkview School District to conduct a background check on me. The answers given by me are true and correct without omissions. I agree that the District shall not be held liable in any respect if I am denied employment or terminated following employment if it is verified that I submitted false statements and/or omitted substantive information.

Signature of Applicant

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1/2000