



SHARON CITY SCHOOL DISTRICT  
215 Forker Blvd.  
Sharon, PA 16146  
724-983-4000

## APPLICATION CUSTODIAL AND MAINTENANCE

(Instructions: Please print or type and return completed form to  
the Office of the Superintendent at the above address.)

Name:

\_\_\_\_\_  
(Last Name)                      (First Name)                      (Middle Initial)                      (Date)

Permanent Address:

\_\_\_\_\_  
(House/Box Number)                      (Street)                      (Telephone)

\_\_\_\_\_  
(City)                      (State)                      (Zip Code)                      (Soc. Sec. #)

**PLEASE CHECK:**

☐

I desire a full-time position only.

☐

I would like to be placed on the list of custodial substitutes. [Requires: 1) Interview; 2) Clearances (FBI, Act 34, Act 151); 3) I-9 form]

**WORK EXPERIENCE:** List your last three places of employment; include name and phone number of your former immediate supervisor.

| Name/Location of Employment | Supervisor's Name &<br>Telephone Number | Dates of<br>Employment | Monthly<br>Salary | Type of<br>Work |
|-----------------------------|---|------------------------|-------------------|-----------------|
|                             |   |                        |                   |                 |
|                             |   |                        |                   |                 |
|                             |   |                        |                   |                 |

**EDUCATION:**

|             | Name | Mailing Address | Schooling<br>Completed |
|-------------|------|-----------------|------------------------|
| Elementary  |      |                 |                        |
| High School |      |                 |                        |
| Other       |      |                 |                        |
|             |      |                 |                        |

**REFERENCES:** List the name, mailing address and phone number of persons who are able to answer questions concerning your experience and abilities to do this job. (Please do not include relatives.)

| Name | Mailing Address | Telephone No. |
|------|-----------------|---------------|
| 1.   |                 |               |
| 2.   |                 |               |
| 3.   |                 |               |

**SKILLS:** Check below specific skills/experiences you have.

|                          |                                    |                      |                          |                                    |                      |                          |                                    |                      |
|--------------------------|------------------------------------|----------------------|--------------------------|------------------------------------|----------------------|--------------------------|------------------------------------|----------------------|
| ✓                        | <b><u>Custodial Experience</u></b> | No.<br>Yrs.          | ✓                        | <b><u>Building Maintenance</u></b> | No.<br>Yrs.          | ✓                        | <b><u>Building Maintenance</u></b> | No.<br>Yrs.          |
| <input type="checkbox"/> | Floor Maintenance                  | <input type="text"/> | <input type="checkbox"/> | Carpentry                          | <input type="text"/> | <input type="checkbox"/> | Heating                            | <input type="text"/> |
| <input type="checkbox"/> | Carpet Maintenance                 | <input type="text"/> | <input type="checkbox"/> | Plumbing/Pipe fitting              | <input type="text"/> | <input type="checkbox"/> | Pumps, compressors, etc.           | <input type="text"/> |
| <input type="checkbox"/> | Automatic Scrubber                 | <input type="text"/> | <input type="checkbox"/> | Steam Fitting                      | <input type="text"/> | <input type="checkbox"/> | Masonry                            | <input type="text"/> |
| <input type="checkbox"/> | Lawn Maintenance                   | <input type="text"/> | <input type="checkbox"/> | Welding                            | <input type="text"/> | <input type="checkbox"/> | Small engines                      | <input type="text"/> |
|                          |                                    |                      | <input type="checkbox"/> | Electrical                         | <input type="text"/> |                          |                                    |                      |

Do you possess the following documents? (Attach copies) All must be less than one (1) year old.

|                          |                                       |                          |  |                          |                                 |
|--------------------------|---------------------------------------|--------------------------|--|--------------------------|---------------------------------|
| <input type="checkbox"/> | FBI Criminal History Record (Act 114) | <input type="checkbox"/> | PA Criminal History Clearance (Act 34) | <input type="checkbox"/> | Child Abuse Clearance (Act 151) |
|--------------------------|---------------------------------------|--------------------------|--|--------------------------|---------------------------------|

**Other information** regarding talents/experiences that you believe would aid in the understanding of your abilities to do the job.

---



---



---



---



---



---



---



---

**NOTE:** THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW. This signature certifies that to the best knowledge and belief of the applicant, the information provided herein is complete and true and gives the school district the right to obtain information about the background of the applicant and to review all references and credentials.

|      |           |
|------|-----------|
| Date | Signature |
|------|-----------|

SHARON CITY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER  
Federal, State and Local Laws Prohibit Discrimination Because of Race, Color, Sex, Age,  
Religion, Creed, National Origin, Ancestry or Non-Job Related Handicap or Disability