

## River Vale Public Schools

609 Westwood Ave • River Vale, NJ 07675 • Phone: 201.358.4000 • Fax: 201.358.8319 • www.rivervaleschools.com

## **APPLICATION FOR EMPLOYMENT**

## CUSTODIAL/MAINTENANCE (DI FASE DDINT OD TYDE ALL INFORMATION)

(PLEASE PRINT OR TYPE ALL INFORMATION)									
PERSONAL INFORMATION									
Name:				Date:					
0									
City:				0		Zip:			
Home Phone:				Cell:					
Email:					DOB:				
Employment Desired:	Custodian	Maintenance	Full-Tim	ne P	art-Time	Summer	Substitute		
EDUCATION (List	below the institution with comp	plete address; includi	ing High School, E	Business, Col	lege, Adult Ed.	and courses related to jo	nb)		
Na	ame	То	From	Diploma or Degree			echanical, Etc.)		
EMPLOYMENT HISTORY (List below all present and past employment, beginning with your most recent)									
Company Name:			Dates of Em	ployment:	From	То			
Address:				Last Weekly Salary:					
Position/Describe the work	C:								
Supervisor's Name: Phone No:									
Reason for Leaving:			ı						
Company Name: Date		Dates of Em	Dates of Employment:		То				
Address:					Last Weekly	√ Salary:			
Position/Describe the work	C:								
Supervisor's Name:				Phone No:					
Reason for Leaving:									
Company Name:			Dates of Em	Dates of Employment:		То			
Address:					Last Weekly	Salary:			
Position/Describe the work	C.								
Supervisor's Name:				Phone	No:				
Reason for Leaving:									
May we contact your prese	ent employer?	Yes	No						
Anticipated Start Date: Salary Desired:									

Do you have knowledge of: (Please check all that	at apply)					
Boilers	Locksmith Work		Plumbing	Air Conditioners		
Welding	Spray Painting		Electrical Outlets	Carpentry Work		
<b>Buffing &amp; Waxing Machines</b>	Maintenance Machinery					
List all licenses or certificates held:						
Have you ever directed the work of others?	Yes	No				
If yes, please explain:						
List voluntary activities/other:						
Have you ever been convicted of a crime since t	he age of 18, other than for mino	r traffic violations	s? Yes	No		
If yes, explain in detail:						
U.S. Military Experience: Branch:	Rank:	Years	of Service (give dates):			
Were you previously employed by the River Vale		Yes	No			
Is there any medical and/or physical condition or	any other intervening factor that	would prevent y	ou from fulfilling the requirer	ments of the position		
for which you are applying? Yes	No If yes, pleas	se explain:				
REFERENCES (Provide at least two current	or previous professional references.	Immediate super	visors will be contacted if you ar	re selected for employment)		
Name Addr	ress Phone	No.	Company	Position		
I realize the above references will be confidential statements contained in this application. I unders dismissal.						
Applicant's Signature:			Date:			
	OFFICIAL USE	ONI Y		_		
	OT TOTAL OUL	J.1.1.				
Interviewed by:		Position:				
Location:		Start Date:				
Rate: Hour	s:	Salary:				
BOE Approval Date:						
I certify that the information in this application is						
Employee's Signature:			Date:			