

GREEN TOWNSHIP SCHOOL DISTRICT

Box 14, GREENDELL, NEW JERSEY 07839
(973) 300-3800 / FAX (973) 383-0594

APPLICATION FOR CUSTODIAN

Name of Applicant: _____

Address: _____
Street City State Zip

Telephone #: _____ Social Security Number: _____

Health Status: excellent ___ good ___ fair ___ poor ___ Date of Birth: _____

Have you any physical disabilities? Yes _____ No _____

If yes, state particulars: _____

Are you a United States citizen? Yes _____ No _____

Formal Education – indicate highest grade completed:

Elementary _____ High School _____ College _____ Trade School _____

Other _____

Licenses Possessed: _____

Previous Experience: _____

Previous Employer: _____

References, including address and telephone number:

1. _____

2. _____

3. _____

Applying for: Full Time _____ Part Time _____ Substitute _____ Summer _____

For office use only

Date Application Received _____ Date of Interview _____

CHBC Rec'd. _____ W-4 Rec'd. _____ INS Rec'd. _____

Disposition: _____