

CITY OF MONMOUTH APPLICATION FOR CUSTODIAN

INSTRUCTIONS: Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect statements may bar or remove you from employment. PLEASE PRINT PLAINLY.

Name (Last) _____ First _____ Middle _____

Home Address _____

Are you eligible for employment in the United States? Yes No

| | |
|----------------|-------|
| Today's Date | _____ |
| Date Available | _____ |
| Home Phone | _____ |
| Cell Phone | _____ |

| RECORD OF EDUCATION | | | |
|---------------------|----------------|-------------|----------------------------|
| School | School Address | Major/Minor | Circle last year completed |
| 1. High School | | | 1 2 3 4 GED |
| 2. College | | | 1 2 3 4 + Degree: |
| 3. Other training | | | |

4. List any professional licenses or certificates you hold or have held. _____

5. List any experiences, skills, or qualifications which would assist you in the position of custodian. _____

6. List skills developed in volunteer activities, hobbies and civic organizations. _____

| 7. EMPLOYMENT HISTORY | | | | |
|---|---------------|---------------|---------------------|--------------|
| List jobs you have held. Put your most recent job first. Include military service in proper time sequence and temporary or part time jobs if related to position applied for. | | | | |
| (1) Employers name | Address/Phone | Starting wage | Ending Wage | Date From-To |
| Explain your duties: | | | Reason for leaving: | |
| (2) Employers name | Address/Phone | Starting wage | Ending Wage | Date From-To |
| Explain your duties: | | | Reason for leaving: | |
| (3) Employers name | Address/Phone | Starting wage | Ending Wage | Date From-To |
| Explain your duties: | | | Reason for leaving: | |

Indicate by number any of the employers whom you *DO NOT* wish us to contact. _____

| DRIVING HISTORY | |
|--|--|
| 8. Do you possess a valid Illinois Driver's License? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| License Number _____ | Expiration Date _____ |
| 9. Has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, explain: | |

| CRIMINAL HISTORY | |
|--|--|
| 10. Have you ever been convicted of a criminal offense? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, explain: | |
| 11. Have you ever been assessed a fine of more than \$25.00? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, explain: | |
| 12. Are there any warrants (traffic or otherwise) now pending against you? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, explain: | |
| 13. Have you ever been the victim of a crime? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, explain: | |

| REFERENCES | | | | |
|-------------------|--|-------|------------|-------------|
| 15. | Fill in below the names of three adults not related to you and not former employers who have known you for a period of one year or more. These may be friends, fellow workers, fellow students, etc. | | | |
| Name | Address | Phone | Occupation | Years known |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |

PLEASE READ AND SIGN BELOW
 The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be sufficient cause for dismissal.

 Signature of Applicant

| FOR OFFICIAL USE ONLY | |
|------------------------------|-------|
| DATES CONTACTED(ATTEMPTED) | NOTES |
| | |
| | |
| | |
| INTERVIEW SCHEDULED | |
| | |