## LOCKPORT SCHOOL DISTRICT 91 APPLICATION FOR EMPLOYMENT CUSTODIAL AND MAINTENANCE

Position Desired					<b>=</b> 2	Date			
Circle One				17					
Full time/Part time				Will you a	ccept eveni	ng work?	Y/N		
PERSONAL I	NFORI	VIATIO	N				<b>X-</b>		
Name						-			
Address				City		State	}	Zip	
Home Phone				Mobile Ph	one				
<b>EDUCATION</b>		12017	3.00	1-1		. 44	100		
			School	Name and I	_ocation			Years Co	mpleted
Elementary									
High School									
College									
			De	escribe other	er training or	education			
Trade School	Ale him to en alle	- Anna Anna Anna Anna Anna Anna Anna Ann					A PARTY OF BUILDING		The second secon
Apprentice									
Military Service									
<b>EMPLOYMEN</b>	T REC	ORD	(list las	t three)	W .				N. F.
Company Name & Loca		rom	Postion/I		Wkly Salary	Reason for	Leaving	Name of St	pervisor
May we contact the abo	ve listed e	mployers'	? Y/N					15	
As a result of your educ	ation, train	ing and e	xperience, pl	ease list spe	ecial skills and	d/or machine	es you ca	n operate:	
	_								
									- <del> </del>

Revised: September 2015

REFERENCES							
Name	Address & Phone	Position	How Acquainted				

PHYSICAL/HEALTH
Do you have any physical conditions which might preclude you from performing certain duties? Y/N  If yes, please describe specific work limitations:
Have you had a major illness in the past 2 years that will hinder your ability to comply with the
position's job description? Y/N
If yes, please describe:
Approximately how may days have you been absent from work in the past 2 years?
General condition of health:
Have you ever been convicted of a felony? Y/N
If yes, please explain:
PLEASE READ AND SIGN
I hereby certify that the above statements are true and complete to the best of my knowledge and that, if employed, false statements contained herein shall be considered sufficient cause for dismissal. I also understand that in accordance with Chapter 122, Section 10-21.9 of the Illinois School Code, a criminal background investigation will be conducted as a condition of employment.
Date: Signature of Applicant:
Return completed application to: Lockport School District 91

808 Adams Street

Lockport IL 60441