

TRUMBULL PUBLIC SCHOOLS
6254 MAIN STREET
TRUMBULL, CONNECTICUT 06611
PART-TIME CUSTODIAN APPLICATION

Date _____

NAME _____
(Last) (First) (Middle)

Phone# _____

PRESENT ADDRESS _____
(Street) (Town) (State) (Zip code)

S.S.# _____

EDUCATION

HIGH SCHOOL _____

HIGHEST GRADE COMPLETED _____

COLLEGE OR OTHER) _____

DEGREE _____

Are you a retired Connecticut Public School Teacher collecting benefits from the Connecticut Retirement Teacher Board? _____ Yes _____ No

Are you a retired Town of Trumbull/ Board of Education employee collecting a Town pension? _____ Yes _____ No

WORK EXPERIENCE

1. _____
2. _____
3. _____

LIST MACHINES YOU CAN OPERATE, ANY SPECIAL QUALIFICATIONS YOU POSSESS OR ANY SPECIAL TRAINING YOU HAVE HAD:

REFERENCES:

	Name	Address	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(At least one must be an individual who has worked with you or supervised you while working.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO _____ YES _____
IF YES, EXPLAIN. _____

ARE THERE ANY CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?
NO _____ YES _____ IF YES, EXPLAIN. _____

By completing this form, you hereby give the Trumbull Board of Education permission to conduct a background check.
AN EQUAL OPPORTUNITY EMPLOYER