

CUSTODIAL APPLICATION BLANK
Manasquan Board of Education

- Name (last) (first) (middle) Social Security number - -
1. Address Telephone number
2. *Marital status: single married divorced widow/widower Number of children
3. *Age date of birth month day year height weight U.S. citizen? yes no
4. Are you in good health? List any serious illnesses or any operations you had within the past 5 years and give the year
5. Do you have a hernia (rupture)? Back problems? Heart Condition? Physical defects?
6. Have you ever been treated for mental illness? If so, when and for what condition?
7. Education: (circle year completed) 1 2 3 4 5 6 7 8; high school 1 2 3 4; college 1 2 3 4; Other _____
Name of school last attended Year graduated or last enrolled?
8. Are you a veteran? If so, what branch of service? Year & type of discharge
9. Have you every been convicted of a felony or high misdemeanor? If so, explain
10. Do you have a driver's license? Can you drive a bus? a truck? a tractor?
Has your driver's license ever been revoked? If so, give reason & length of suspension
11. Do you hold an Engineer's Black Seal License? Grade Number
12. Can you do work in any maintenance field such as masonry? plumbing? carpentry? electrical?
13. Do you have any special skills? If so, list them

Note: for items marked with * your answers are voluntary, not mandatory.

14. RECORD OF FORMER EMPLOYMENT

From (date)	To (date)	Name of company	Address	Duties	Weekly salary	Reason for leaving

15. REFERENCES (do not list relatives)

Name	Address	His or her official position	Length of time you have known this person

16. Give names of Manasquan Board of Education employees you know personally.

17. Note here any additional comments you wish to make.

Date

Applicant's signature