

Leicester Public Schools

Office of the Superintendent
1078 Main Street
Leicester, MA 01524

Application for Substitute Custodian

Name: _____ Telephone: _____ Date: _____

Address: _____

Social Security Number: _____ - _____ - _____ Email Address: _____

Educational Preparation:

High School:

(name and location) (dates of attendance) (degree and year received)

College:

(name and location) (dates of attendance) (degree and year received)

Major Work Experience:

Please list three (3), or attach a copy of your resume' which includes name, location, and dates of employment and a brief description of work duties.

1. _____
(name and location of employer) (position and nature of work) (dates of service)

2. _____
(name and location of employer) (position and nature of work) (dates of service)

3. _____
(name and location of employer) (position and nature of work) (dates of service)

Would you be interested in working occasional part-time hours? Yes ___ No ___ Are you able to work evenings? Yes ___ No ___

Asbestos Awareness Training: Yes ___ No ___

References:

1. _____

2. _____

3. _____

Signature: _____ Date: _____

The Superintendent's Office will call you if your name has been approved for placement on the Substitute Master List. At that time, you will be directed to the Central Office to complete your payroll paperwork. Be prepared to submit your original driver's license and social security card or birth certificate.