

USD #293, QINTER PUBLIC SCHOOLS
601 GOVE, PO BOX 540
QINTER KS 67752
785-754-2470

APPLICATION FOR CUSTODIAN

DATE: _____

NAME: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 PHONE NO: _____ CELL #: _____

EMPLOYMENT HISTORY (Most recent first)			
COMPANY: _____	SUPERVISOR: _____		
ADDRESS: _____	Street	City	State
POSITION HELD: _____	FROM: _____	TO: _____	
COMPANY: _____	SUPERVISOR: _____		
ADDRESS: _____	Street	City	State
POSITION HELD: _____	FROM: _____	TO: _____	
COMPANY: _____	SUPERVISOR: _____		
ADDRESS: _____	Street	City	State
POSITION HELD: _____	FROM: _____	TO: _____	

REFERENCES (Other than relatives or previous employers)			
NAME: _____	TELEPHONE: _____		
ADDRESS: _____	Street	City	State
NAME: _____	TELEPHONE: _____		
ADDRESS: _____	Street	City	State
NAME: _____	TELEPHONE: _____		
ADDRESS: _____	Street	City	State

BRIEFLY STATE THE REASONS FOR WANTING A POSITION AS CUSTODIAN: