

WAYLAND PUBLIC SCHOOLS
Wayland, Massachusetts

APPLICATION FOR SUMMER CUSTODIAL POSITIONS

NAME: _____ DATE: _____

STREET: _____ PHONE: (____) _____

TOWN (INC. ZIP): _____ SS#: _____

I. Please answer the following questions:

- a. Do you have any problem lifting 50 pounds? Yes No
- b. Do you have your own transportation? Yes No
- c. Do you have any problems starting work at
either 6:00 a.m. or 7:00 a.m.? Yes No
- d. Do you have any experience in custodial
or maintenance work? Yes No

If yes, please explain:

IV. REFERENCES:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____