EMPLOYMENT APPLICATION FOR DIRECTOR OF MAINTENANCE

**JOHNSON COUNTY CENTRAL PUBLIC SCHOOLS**

An Equal Opportunity Employer

358 N. 6th Street, Tecumseh, NE 68450

PHONE: 402-335-3330

FAX: 402-335-3346

Please print or type all information requested except for signature.

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| **PERSONAL DATE** | Date of Application\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First middle InitialCurrent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Box City State Zip CodeHome Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **EDUCATION/TRAINING** | **TYPE OF SCHOOL** | **NAME OF SCHOOL** | **LOCATION** | **YEARS ATTENDED** | **DEGREE/LICENSE ATTAINED** |
| High School |  |  |  |  |
| College |  |  |  |  |
| College |  |  |  |  |
| Business/Trade School |  |  |  |  |
| Military Schooling |  |  |  |  |
|  | LICENSES AND CERTIFICATES YOU HOLD THAT ARE CURRENT: |

|  |  |
| --- | --- |
| **QUALIFICATIONS/SKILLS** | Please list your qualifications, knowledge, or work experience in the following areas. |
| **AIR CONDITIONING/HEATING** |
| **PLUMBING** |
| **CARPENTRY** |
| **VEHICLE MAINTENANCE** |
| **SMALL ENGINES** |
| **GROUNDS**  |
| **ELECTRICAL** |
| **GENERAL MAINTENANCE/CUSTODIAL WORK** |

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| **WORK EXPERIENCE** | Please provide a complete list of all positions you have held in the past 10 years. List the most recent position first. Attach additional sheets if necessary. |
| EMPLOYER/LOCATION | POSITION HELD | EMPLOYER PHONE # | DATES EMPLOYED | REASON FOR LEAVING |
|  |  |  |  |  |
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| **REFERENCES** | Please list two references other than relatives or previous employers. |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I certify that my answers on this application are true and complete to the best of my knowledge.

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Signature of Applicant Date