EDMONTON PUBLIC SCHOOLS

For Office Use Only

	Form – Qualif.	
Emp. ID	Description	Signature

APPLICATION FOR EMPLOYMENT IN A CUSTODIAL POSITION

APPLICATION FORM

- Applicants are asked to submit a completed application/resume, the *Qualifications Checklist* (below) and a *Mandatory Records Check and Disclosure* form.
- Two appraisals or working references should accompany an application package.
- Receipt of applications will not be acknowledged. Only those individuals who meet screening requirements will be invited for an interview or for testing (where applicable).
- Applications will be retained for the balance of the school year in which they are received, as well as for the following school year. We ask that applicants only submit one application during that period of time.
- If your address or telephone number changes after the original application, please advise Human Resources Consulting of these changes.

QUALIFICATIONS CHECKLIST

- The *Qualifications Checklist* on this sheet must be completed. Please indicate with a check mark (√) those areas in which you are qualified and prepared to work.
- Shaded areas are for office use only.

MANDATORY RECORDS CHECK AND DISCLOSURE

- The *Mandatory Records Check and Disclosure* form must be completed and will be reviewed prior to an offer of employment.

INTERVIEWS

- Applicants are selected for interviews on the basis of qualifications and district staffing needs.

IN EACH CATEGORY, PLEASE CHECK *ONLY* THOSE AREAS IN WHICH YOU ARE QUALIFIED AND PREPARED TO WORK.

QUALIFICATIONS CHECKLIST - CUSTODIAL

EXPERIENCE						
Autoscrubber				Security Alarm Systems		
Carpet Cleaning				Snow Blower		
Dusting				Stripper/Scrubber Machine		
Polisher/Burnisher				Supervisory		
Propane Buffer/Burnisher				Vacuuming		
Sanitizing Washrooms						

CERTIFICATION/TRAINING						
4th Class Power Engineering Certificate				Building Service Worker		
Building Operator A Certificate				First Aid		
5th Class Power Engineering Certificate				Propane Burnishing Certificate		
Building Operator B Certificate				TDG		
BOS Program				WHMIS		

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Last Name	First Name	Date
(please print)		