

# PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

100 West Monroe Street  
Port Washington, WI 53074-1292

Telephone (262) 268-6097  
Fax (262) 268-6020

# SUMMER CLEANER APPLICATION

<i>PERSONAL INFORMATION</i>				
SHIFT DESIRED (circle one) 1 <sup>st</sup> (7am-12pm)		2 <sup>nd</sup> (12 – 5pm, 1-6pm, 3-8pm)		2 <sup>nd</sup> Fulltime (3-11:30pm)
DATE				
NAME				
HOME ADDRESS				
Street		City		State ZIP
BUSINESS ADDRESS				
Street		City		State ZIP
TELEPHONE ( ) Home		( ) Cell Phone		E-MAIL ADDRESS

EDUCATION				
HIGH SCHOOL NAME & LOCATION				
COLLEGE/UNIVERSITY NAME & LOCATION	MAJOR/MINOR	GPA	DEGREE	DATE EARNED
Other				

[illegible]

## PROFESSIONAL DATA

1. Have you ever been dismissed, asked to resign, or non-renewed? Yes ☐ No ☐  
If yes, please explain on a separate sheet.
2. Have you ever been convicted of any felony, or have you ever been convicted of a misdemeanor or other offense, which substantially relates to activities or related duties contemplated by this application? Yes ☐ No ☐  
If yes, please describe in full on a separate sheet.
3. In the event you are selected as a semi-finalist, may we have your permission to contact references listed below? Yes ☐ No ☐

## REFERENCES

*Please include four persons who have knowledge of your professional ability, experience, and qualifications.*

NAME	ADDRESS	POSITION/TITLE	TELEPHONE NO.

## CANDIDATE RESPONSE

*Please respond to the following questions separately, using no more than two sheets of paper.*

1. What is the most important responsibility of a custodian in a school setting?
2. What strengths would you bring to a summer cleaner position?
3. What role would you play in helping maintain a positive school climate?

## SIGNATURE

My signature certifies that all statements made on this application and in all other materials submitted to support my application are true and complete. I grant representatives of the Port Washington-Saukville School District permission to check the accuracy of statements/information provided within this application. If employed by the school district, I agree that misrepresentation of information contained in the application materials may be cause for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application will be considered complete when a personal letter, resume, letters of recommendation and this application have been submitted.**

The Port Washington-Saukville School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of Special Services, Port Washington-Saukville School District, 100 W. Monroe Street, Port Washington, WI 53074 - Duane.Woelfel@pwssd.k12.wi.us