

OPELIKA CITY SCHOOLS  
P. O. BOX 2469  
OPELIKA, AL 36801-2469  
(334) 745-9700

CUSTODIAN APPLICATION

Mr.  
Mrs.  
Miss  
Ms.

FIRST

MIDDLE

MAIDEN

LAST

MAILING ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY #

DATE OF BIRTH

HOME PHONE #

WORK PHONE #

E-MAIL ADDRESS

CELL PHONE

NAME OF HIGH SCHOOL – CITY, STATE

GRADE COMPLETED

YEAR

COLLEGE

YEARS COMPLETED

DEGREE

OTHER TRAINING:

WORK EXPERIENCE:

EMPLOYER'S NAME

PHONE #

DATES OF SERVICE

POSITION

EMPLOYER'S NAME

PHONE #

DATES OF SERVICE

POSITION

AL DRIVER'S LICENSE # \_\_\_\_\_ DO YOU HAVE A CDL? \_\_\_\_ YES \_\_\_\_ NO

ARE YOU INTERESETED IN WORKING \_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME

WOULD YOU BE WILLING TO WORK AS A SUBSTITUTE? \_\_\_\_ YES \_\_\_\_ NO

IF YOU ANSWERED YES, WHAT HOURS WOULD YOU BE AVAILABLE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ IF YES, PLEASE EXPLAIN FULLY ON BACK.

PLEASE LIST TWO REFERENCES (DO NOT INCLUDE RELATIVES):

NAME

RELATIONSHIP

ADDRESS

PHONE

NAME

RELATIONSHIP

ADDRESS

PHONE

By filing this application for employment with the Opelika City Schools, I understand that any misrepresentation or omission of facts on the application is cause for termination from the system's schools, and if employed, I agree to abide by all the policies set forth by the Opelika City Board of Education. I authorize the Opelika City Schools to contact my previous employer(s) and to perform a background check through the State of Alabama Administrative Office of Courts.

APPLICANT'S SIGNATURE

DATE

**OPELIKA BOARD OF EDUCATION  
NON-DISCRIMINATION STATEMENT**

The Opelika City School Board of Education is an equal educational opportunity agency and prohibits discrimination in any of its educational programs, including employment, on the basis of sex, race, religion, national origin, color, age or handicapping condition. The Board of Education complies fully with the provisions of Title IX of the Education Amendments of 1972, Section 504 Rehabilitation Act of 1973 and the appropriate department of education regulations.

Inquiries concerning the application of the Title IX or Section 504 and its regulations in the Opelika City Schools should be directed to the Compliance Officer at the following address:

Assistant Superintendent for Administration  
Opelika City Schools Board of Education  
P. O. Box 2469  
Opelika, AL 36803-2469  
(334) 745-9700

**AMERICANS WITH DISABILITIES ACT**

The Assistant Superintendent of Administration is designated by Board policy as the Board's Americans with Disabilities Act Specialist. The ADA Specialist may be reached at the following address:

ADA Specialist  
Opelika City Board of Education  
P.O. Box 2469  
Opelika, AL 36803-2469  
(334) 745-9700  
Fax: (334) 745-9706

I have read and understand the Non-Discrimination statement and the Americans with Disabilities Act.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_