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| Campus building services: custodian II – Team LeadInternal Application | **OUTLINES 2-1 Boulder FL FACMAN FACILITIES OPERATIONS copy** |

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| --- |
| Applicant INFORMATION - Please type or print in Legible writing |
| Last Name |  | First Name |  | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Driver license # |  | Employee ID# |  | # of years as permanent employee? |
| Position applied for |  |
| Do you have any Lead or Supervisory experience? | YES [ ]  | NO [ ]  | If yes, explain: |  |
| Do you have a good attendance record? | YES [ ]  | NO [ ]  | Please explain: |  |
| Do you have experience with email, Excel spreadsheets and Word documents? | YES [ ]  | NO [ ]  | If yes, explain: |  |
| Do you have experience with FAMIS time entry? | YES [ ]  | NO [ ]  | If yes, explain: |  |
| Can you lift 50 lbs.? Can you push over 100 lbs.? | YES [ ]  | NO [ ]  |  |  |
|  |
| **Education** |   |
| High School TO FROM Did you graduate? YES [ ]  NO [ ]  |
| Address |  |  |
| College |  TO FROM Did you graduate? YES [ ]  NO [ ]  |
| Address |  |  |
| Other |  TO FROM Did you graduate? YES [ ]  NO [ ]  |
| Address |
|  |
| **References – please list three professional references** |
| Full Name  |  | Relationship |  |
| Company  |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Previous Employment as it relates to the position you are applying for: |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  |  |  |  |  |
| Responsibilities |  |  |  |
| From To |  |  |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  |  |  |  |  |
| Responsibilities |  |  |  |
| From To |  |  |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  |  |  |  |  |
| Responsibilities |  |  |  |
| From To |  |  |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Military Service |
| Branch |  | From |   | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |

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| Continued on page 3 |
| Why are you interested in this position? |
|  |

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| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge.  |
| Signature |  | Date |  |
|  |