



**Sprague School District**  
**25 Scotland Road ~ Baltic, Connecticut 06330**



**Sayles School**

Phone: 860.822.8264

Fax: 860.822.1347

**Maintenance Department Application Form**

Prefix:  Miss     Ms.     Mrs.     Mr.    Social Security #: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Have you been fingerprinted?     Yes     No

    If Yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a valid State of Connecticut motor vehicle license?     Yes     No

Are you a United States citizen either by birth or naturalization?     Yes     No

Did you either graduate from high school or pass the high school equivalency test?     Yes     No

Name of highest institution attended: \_\_\_\_\_

    Major: \_\_\_\_\_ Degree: \_\_\_\_\_

    If you do not hold a degree, highest level completed: \_\_\_\_\_

<b>Work Experience</b>			
<b>Company / School</b>	<b>Town / State</b>	<b>Position</b>	<b>To / From</b>

<b>Maintenance / Custodial Abilities and / or Experience</b>



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**Maintenance Department Application Form (continued)**

**References**

List THREE references that are willing to certify to your character, ability, experience, and qualifications.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**Applicant Certification**

I certify that, to the best of my knowledge the statements I have made on this application truly represent my academic background and work experience.

I understand that a state police background check may be made prior or during my employment.

I also understand that misrepresentation or falsification of information may be grounds for rejection of my application and/or termination if I am employed.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Unsigned applications will not be processed.**

Return completed application, current resume and cover letter to:

Sprague Board of Education  
 Attention: Superintendent's Office  
 25 Scotland Road  
 Baltic, CT 06330-1110

**\* Before hiring, all applicants must be reviewed and approved by the Superintendent of Schools \***

Approved     Not Approved

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_