

**MANSFIELD PUBLIC SCHOOLS**  
**2 Park Row, Mansfield, MA 02048**  
**508.261.7503/ 508.261.7547 (Fax)**  
email: [bob.laconte@mansfieldschools.com](mailto:bob.laconte@mansfieldschools.com)

**2016-2017 SUBSTITUTE CUSTODIAN APPLICATION**

**Personal Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Telephone#:(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

Have you had a motor vehicle accident in the past ten (10) years? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Are you available every day? \_\_\_\_ Yes \_\_\_\_ No If No, please advise what **day(s) NOT** available:

\_\_\_\_\_

**Please list past work experience(s):**

Position Held	Employer	Employer Address	Dates of Employment

**Please return to:**

**Mansfield Public Schools**  
**Buildings and Grounds Office**  
**250 East Street, Mansfield, MA 02048**  
email: [bob.laconte@mansfieldschools.com](mailto:bob.laconte@mansfieldschools.com)

*It is the policy of the Mansfield Public Schools to provide equal employment opportunity to all employees and applicants for employment. Employees and applicants shall not be discriminated against or harassed because of race, color, religion, national origin, ancestry, sex (including pregnancy), age, handicap (mental or physical disability), sexual orientation, gender identity, genetic information, military service or veteran's status, or any category protected by application State or Federal law.*