

# **Briarwood Academy**

## **Application For A Custodial Position**

**4859 Thomson Highway  
Warrenton, Georgia 30828  
Phone (706) 595-5641  
Fax (706) 595-0097**

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Date Of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Maiden)

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Health: Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_ Explain: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Name & Phone Number of Person to Contact in Case of Emergency:

Name	Phone #
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Date you were last employed on a full-time basis: \_\_\_\_\_

Name of last full-time employer: \_\_\_\_\_

Phone number of last full-time employer: \_\_\_\_\_

Describe the job responsibilities of your last full-time employment:

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

Describe services you could perform if employed by Briarwood Academy:

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Give three references. (All information must be given)

Name	Position	Address	Phone #
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Please add any information you feel would be helpful in evaluating you as a prospective employee at Briarwood Academy.

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Signature

By signing this application I hereby grant Briarwood Academy or its representative permission to verify information provided on this application, including contacting any or all references given. Briarwood Academy does not discriminate on the basis of color, race, national or ethnic origin in administration of its educational policies or other school administered programs.