

CUSTODIAN/JANITORIAL

JOB DESCRIPTION

Overview

We are seeking a reliable and detail-oriented Custodian to join our team. You will be responsible for ensuring our facility remains clean, sanitary, and well-maintained for all staff and visitors at the Seminole County Courthouse.

Key responsibilities

Specific duties to include in the custodian position include:

- Sweep, mop, scrub and vacuum floors using appropriate equipment.
- Clean, and disinfect restrooms, break rooms, and other common areas, and restock supplies (soap, paper towels, toilet paper, etc.).
- Gather and empty trash cans.
- Dust furniture, walls and fixtures.
- Clean windows, mirrors, and glass partitions.
- Perform minor maintenance tasks, such as changing light bulbs or unclogging toilets and report major repair needs to the Commissioners Assistant.
- Follow all health and safety regulations, including proper use of cleaning chemicals and personal protective equipment (PPE).

Qualifications and Skills:

- Reliability, professionalism, and the ability to work independently with minimal supervision.
- Physical ability to stand for long periods, bend, lift, and move up to 50 pounds.
- Ability to follow written and verbal instructions and procedures.
- Strong attention to detail and thoroughness.

Qualification

- Full time position

- High School diploma or equivalent.
- Valid driver's license
- High level of integrity, honesty, and professionalism.
- Previous experience in janitorial or custodial role
- Knowledge of various cleaning products, tools and safety protocols.
- Must have the ability to work independently with strong communication skills including written/verbal communication.

This is a full-time position with a schedule from Monday to Friday, 8 am to 4 pm. We offer a competitive compensation package including medical, dental and vision insurance, paid vacations & holiday pay.

Resumes or applications may be dropped off at the Seminole County Commissioners Office at 110 S. Wewoka Ave, Ste 103 Wewoka, OK 74884 or Contact Cheryl Stevens in the Commissioner's Office at (405) 257-2450
Monday – Friday 8:00 AM – 4 PM

EMPLOYMENT APPLICATION

Date: _____ Date of Birth: Month _____ Day _____ Year _____

Name: (Last) _____ (First) _____ (Middle) _____ SSN. # _____ Telephone # _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Emergency Contact

Name _____ Phone Number _____

OTHER EMPLOYMENT RELATED INFORMATION

Check the following options which List any relative working for this County:

You would consider

___ Full Time

___ Part Time

Name

Department

___ Temporary

If Minor, Age _____

Can you after employment submit a birth certificate or other proof of U. S. citizenship? ___yes ___No

If not a U. S. Citizen, can you after employment submit verification of your legal right to work permanently in the U. S.? _____Yes _____No

Were you previously employed by this County? ___yes _____No

Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? ___Yes ___No If Yes Explain: _____ (Conviction will not necessarily Disqualify an applicant.)

Do you have the ability to perform the job related functions of the job applied for ___yes ___No?

If the answer to the above question is no, please describe what accommodations would enable you to perform the job related functions of the job applied for. _____

-----EDUCATION & TRAINING-----

High School Address Graduated ___Yes ___No

College or University Address Major Degree/Year

Trade School Address Subjects Completed
___Yes ___No

EEO/ADA Statement: This County does not discriminate on the basis of religion, sex, age, national origin, and political affiliation, mental or physical disability in its hiring or employment practices.

List any other education, training, special skills, or certificates/licenses that you possess related to this job. _____

List any machines or equipment that you are qualified and experienced at operating: _____

REFERENCES

List business persons known; but not related, to you for at least three years:

Name	Title	Business	Phone	Years Known
1. _____				
2. _____				
3. _____				

-----Experiences-----

List the last 5 years' work experience beginning with most recent

Name of Employer

Type of Business

Address	City	State	Zip Code	Phone () -
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Dates Employed	Starting Title	Last Title
From: To:		

Name and Title	May we Contact?	Was Employment	Reason for leaving?
Of Supervisor:	<input type="checkbox"/> Yes	<input type="checkbox"/> Full Time	
	<input type="checkbox"/> No	<input type="checkbox"/> Part Time	

Brief Description of Duties: _____

Name of Employer

Type of Business

Address	City	State	Zip Code	Phone () -
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Dates Employed	Starting Title	Last Title
From: To:		

Name and Title	May we Contact:	Was Employment	Reason for Leaving
Of Supervisor:	<input type="checkbox"/> yes	<input type="checkbox"/> Full Time	
	<input type="checkbox"/> No	<input type="checkbox"/> Part Time	

Brief Description of Duties: _____

Name of Employer

Type of Business

Address	City	State	Zip Code	Phone () -
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Dates Employed	Starting Title	Last Title
From To		

Name and Title Of supervisor:	May we Contact? ____ Yes ____ No	Was Employment ____ Full Time ____ Part Time	Reason for Leaving
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Brief Description of Duties: _____

<p>Drivers</p> <p>Do you have a valid driver's License in this state? ____ Yes ____ No</p> <p>If yes, License No.: _____</p> <p>List license type: _____</p> <p>List any moving violation during the last five years on back of page _____</p>	<p>Position Applying For</p> <p>____ Laborer ____ Truck driver ____ Mechanic ____ Equipment Operator ____ Commercial Building Location Specialist</p> <p>____ other (be Specific) _____</p>
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APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistant.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation or salary, wages, or employment related benefits (not required by law).

Date _____ Signature _____

The filling out and returning of this application to the county does not guarantee employment and does not constitute an offer of employment.