

Spreckels Union School District

P.O. Box 7362
Spreckels, California 93962
Tel: (831) 455-2550 Ext. 12
Fax: (831) 455-9816

EMPLOYEE IN-DISTRICT APPLICATION

Date: _____

PERSONAL DATA

Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Cell: _____ Message: _____

PRESENT POSITION

Position currently held: _____ Site: _____

Supervisor: _____ Phone: _____

APPLYING FOR

Position for which you are applying: _____ Site: _____

Final filing deadline: _____

Please describe your qualifications for this position, and why you are interested at this time: _____

NOTE: Applicants are encouraged to attach an updated resume that highlights relevant training experience.

Signature

Date

Send completed form to *Human Resources Department*, District Office