



SUMMER CAMP EMPLOYMENT APPLICATION

(2015 - 2016 SCHOOL YEAR)

SOCIAL SECURITY NO: _____ APPLICATION DATE: _____

NAME: _____

LAST

FIRST

MIDDLE INITIAL

PRESENT ADDRESS: _____

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE NO. () _____ OTHER PHONE NO. () _____

DATE OF BIRTH: _____

WHAT IS YOUR CURRENT POSITION: (PLEASE CIRCLE) TEACHER TA NON-DISTRICT
PROGRAM ASSISTANT OR OTHER

EXPLAIN: _____

ADMINISTRATIVE / TEACHING EXPERIENCE

SCHOOL DISTRICT	ASSIGNMENT	FROM		TO		NO. OF YRS
		MO	YR	MO	YR	

IMPORTANT NOTICE TO APPLICANTS

Consideration for employment will be contingent upon completion of this application. Applicants must meet the certification requirements and criteria as required for the position.

I, the undersigned, affirm that the information included in this application is true and correct. I understand that failure to include true and complete information may result in my disqualification for consideration for employment and/or dismissal from my position in the Summer School program.

Signature

Date

APPLICANT RESPONSE SHEET

NAME

(Please check the appropriate box.)

SECONDARY TEACHERS

At which campus do you presently teach? _____

ELEMENTARY TEACHERS

What are you certified to teach? _____

Topic of Interest / Teaching Topic:

In your own words, describe your talents and skills that can contribute to the summer camp program:

EQUAL OPPORTUNITY EMPLOYER

M/F/D/V/

All San Benito CISD Educational Programs, services, activities, and employment are available without regard to race, color, national origin, age, marital status, the presence of a medical condition, disability, or any other legally protected status.

PLEASE RETURN COMPLETED APPLICATION TO THE AFTER SCHOOL PROGRAM OFFICE OR VIA E-MAIL TO FGONZALEZ@SBCISD.NET BY NO LATER THAN APRIL 22, 2016.