



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue

San José, CA 95127

Phone: 408-928-6800

Fax: 408-928-6401

CERTIFICATED EXTENDED YEAR PROGRAM APPLICATION

(Application is for one position, one site only)

Current Employee

New Employee

Last Name _____

First Name _____

Home Phone _____

Cell Phone _____

Address _____

City, State, Zip _____

Current Position _____

School Site _____

Check program that you are applying for:

Regular Elementary (grade 2-5)

Regular Middle School (6 - 8)

Special Education (EYP)

Migrant Education – Elementary

Migrant Education - Middle

Posted Position Title: _____

Posting Location: _____

Posting Number: _____

Bilingual: ___ Yes ___ No

Do you hold a BCLAD or equivalent certification?

___ Yes ___ No

Credentials you currently hold:

Type _____

Expires: _____

Type _____

Expires: _____

Type _____

Expires: _____

Brief description of Professional Experience:

Dates (mm/yy – mm/yy)	Grade Level	Subject(s)	Location(s)

*****HUMAN RESOURCES USE ONLY*****

Credentials Verified: _____ TB Current ___ Yes ___ No Date _____ Sen. Date _____

NOTES: _____

Assignment _____ School Site _____

Management Approval _____ Date _____

Assist. Superintendent Approval _____ Date _____