



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

CLASSIFIED EXTENDED YEAR PROGRAM APPLICATION

* Alum Rock School District Employees Only *

PLEASE SUBMIT ONE APPLICATION PER POSITION

Name _____
Last Name First Name Middle Name

Employee ID# _____ Home Phone Number: _____

Cell Phone Number: _____

Current Address: _____
Street City State Zip Code

Are you currently employed with Alum Rock? Yes No

If yes, what is your position: _____ Location: _____

Do you hold seniority in the position you are applying for: Yes No

PLEASE INDICATE THE POSITION YOU ARE APPLYING FOR:

Name of position: _____

Posting #: _____

Employee Signature

<u>For Human Resources Use Only:</u>	
Classification: _____	Hire Date: _____
Seniority No: _____	
Verified by: _____	