

EXTENDED DAY PROGRAM

Employment Application



PART I: To be completed by Extended Day Site Director

Employee's Name: _____

Employee's SSN: _____-_____-_____

Employee's Current Address: _____

Employee's Current Phone Number: _____

Employee's E-mail Address: _____

Assignment Location: _____

Assignment Title: _____ Site Director
_____ Assistant Site Director
_____ Bookkeeper
_____ Support worker
_____ Other _____

PART II: To be completed by the Principal

The above named employee is recommended for employment beginning _____ at a
rate
of \$_____ per hour. If this employee also works for CPSB, please indicate other
position_____.

Principal Signature

Date

PART III: To be completed by CPSB Personnel Department:

I certify that this employee has completed his/her drug screen and is clear to begin working in Extended Day.

Personnel Signature

Date

*Routing of application: Upon completion of Parts I and II, Site Director should fax a copy of application to Payroll. Upon Completion of Part III, Personnel should email a copy of application to Principal. Upon receipt of the signed application from personnel, the principal should notify Site Director that employee is clear to work. **The employee may not start working or training in Extended Day until clearance is received from Personnel.***