

**DELANO UNION SCHOOL DISTRICT
MIGRANT EDUCATION PROGRAM
Supplemental Teacher Application**

Please ✓ position(s) you are applying for:

Migrant Extended Day Teacher

Migrant Extended Day Lead Teacher

NAME: _____ DATE: _____

CURRENT POSITION: _____ SITE _____

CONTACT NUMBER: (CELL) _____ (HM) _____

IN THE SPACE BELOW, BRIEFLY DESCRIBE HOW YOU MEET THE CRITERIA FOR SELECTION OF STAFF LISTED ON JOB ANNOUNCEMENT. LIST ANY TRAINING OR EXPERIENCE. (Please be specific.)

REASONS YOU WOULD LIKE TO TEACH IN THE MIGRANT EDUCATION PROGRAM:

SIGNATURE: _____ DATE: _____

I here by recommend this candidate to teach in the Migrant Education Program. Yes No not at this time
Principal Signature: _____ Date: _____