

**DELANO UNION SCHOOL DISTRICT**  
**HEALTH CARE LIVING SKILLS AIDE – (Extended School Year)**  
**CLASSIFIED SUPPLEMENTAL APPLICATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL / MESS: \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_ LOCATION: \_\_\_\_\_

IN THE SPACE BELOW, BRIEFLY DESCRIBE HOW YOU MEET THE QUALIFICATIONS FOR THIS POSITION. LIST ANY TRAINING OR EXPERIENCE. (Please be specific)

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OTHER INFORMATION YOU WOULD LIKE TO HAVE CONSIDERED:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p>Date / Test Scores: _____</p>
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