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

Please \checkmark position/s you are applying for:

| 3.5 hours | \Box 4.5 hours | | |
|---------------------|--|-----------|--|
| 6 hours | ☐ 7 hours Transportation | | |
| NAME, LAST: | FIRST: | | |
| MAILING ADDRESS: | CITY: | ZIP: | |
| HOME PHONE: | CELL / MESS: | | |
| CURRENT POSITION | LOCATI | LOCATION: | |
| | LY DESCRIBE HOW YOU MEET THE AINING OR EXPERIENCE. (Please be s | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ************************************** | | |
| | | | |
| | | | |
| | | | |
| SIGNATURE: | Ι | DATE: | |
| | | | |
| For Office Use Only | | | |
| Date / Test Scores: | | | |