

**DELANO UNION SCHOOL DISTRICT
SUMMER SCHOOL CLASSIFIED
SUPPLEMENTAL APPLICATION**

POSITION APPLIED FOR: _____ SITE: _____

NAME, LAST: _____ FIRST: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL / MESS: _____

CURRENT POSITION _____ SITE: _____

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

OTHER INFORMATION YOU WOULD LIKE TO HAVE CONSIDERED:

SIGNATURE: _____ DATE: _____

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|--------------------------------|
| For Office Use Only |
| Test Scores: _____ Date: _____ |