



Palos Verdes Peninsula Summer Schools Application

P.O. Box 2632 Palos Verdes Peninsula, CA 90274 Phone: 310-378-8695

ADMINISTRATION

Last Name _____ First _____ MI _____

Address _____
Street City Zip Code

Home Phone _____ Work _____ Cell _____

E-Mail _____ Current School, Position _____

Previous Summer Program Assignments _____

Professional Reference(s) (Include name, relationship, phone)

1. _____
2. _____

Desired Position: (Check One) PVPSS Principal High School PEP Summer Break
 Assistant Principal High School PEP SB Lead Teacher

Résumé attached Credential copy attached Degree(s) Earned _____

General Comments:

I attest that the preceding information supplied to Palos Verdes Peninsula Summer Schools in the course of my application for employment is true and I have not misstated, misrepresented or falsified any such information. I hereby authorize representatives of Palos Verdes Peninsula Summer Schools to conduct references on the information I have provided and to conduct other checks (criminal, credit, personal, business, education, among others) in the course of determining my suitability for employment. I understand that any false information provided on this information form is grounds for non-consideration of candidacy or termination of employment.

Signature _____ Date _____

**APPLICATIONS WILL BE ACCEPTED ONLY BY EMAIL
SEND APPLICATION AND ANY SUPPORTING DOCUMENTATION TO STAFF@PVPSS.COM by JANUARY 31, 2017**

