



Palos Verdes Peninsula Summer Schools Application

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

ALL FACULTY

Select one

Summer High School

Summer PEP

Summer Break

Last Name _____ First _____ MI _____

Address _____
Street City Zip Code

Home Phone _____ Work _____ Cell _____ E-Mail _____

Current Assignment _____ School _____

I am credentialed to teach the following classes _____

Previous PVP Summer Schools Assignments _____

Desired Assignment 1) _____ 2) _____ 3) _____

<p>➔ New Applicant Only: <input type="checkbox"/> Résumé attached <input type="checkbox"/> Credential copy attached Degree(s) Earned _____</p> <p>Professional Reference(s) (Include name, relationship, phone)</p> <p>1. _____</p> <p>2. _____</p>
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SUMMER HIGH SCHOOL ONLY – If you would like to introduce a new course, please contact staff@pvpss.com for additional information.

- I prefer a three-week assignment (Select only one) Semester 1 Semester 2 Either
- I prefer to teach both Semester 1 and 2 (six weeks)
- I prefer to substitute only
- I would like to substitute, if I am not offered a summer assignment

SUMMER PEP RIDGECREST PALOS VERDES MIRALESTE

- I would like to substitute, if I am not offered a summer assignment
- I would like to add the following new enrichment class _____

SUMMER BREAK CORNERSTONE DAPPLEGRAY

- I would like to substitute, if I am not offered a summer assignment

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 nor falsified any such information. I hereby authorize representatives of Palos Verdes Peninsula Summer Schools to contact references on the information I have provided and to conduct 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

