



Palos Verdes Peninsula Summer Schools Application

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

All Faculty - Summer 2022

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) _____

➔ **All Applicants:** Credential copy attached Degree(s) Earned _____
 Professional Reference(s) (Include name, relationship, phone)
 1. _____
 2. _____

SUMMER HIGH SCHOOL ONLY

- 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

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

SUMMER BREAK

- I would like to add the following new enrichment class _____
- 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 LINDA@PVPEF.ORG**

