



Palos Verdes Peninsula Summer Schools Application

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

NON-CERTIFICATED STAFF

Program: Summer High School Summer PEP Summer Break

Name (please print) Last _____ 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 1) _____ 2) _____ 3) _____

Résumé attached

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

General Comments (Include special skills)

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 LINDA@PVPEF.ORG**

