

## **Calaveras Unified School District**

3304-B Highway 12 P.O. Box 788 San Andreas, CA 95249 (209) 754-2300 Fax (209) 754-2215 www.calaveras.k12.ca.us

## INTERNAL LATERAL EMPLOYMENT APPLICATION Please Include a Cover Letter & Resume

Position Applying For		Dept.		Shift	
Name: Last	First		MI	Date of Hire  Current Position Date of Hire	
Current Position		Dept.	Shift		
List qualifications/experie	nce, which you feel,	helps you qual	ify for this p	osition:	
List Licenses/Certification	s & Education you p	oossess which a	pply:		
Would you like this applic	eation to be kept conf	fidential? Y	es	No	
I hereby authorize the Adı	_			Yes	No
Employee Signature		Date			
Dept. Extension		Home Phone	Number		
Personnel Use Only					
Reviewed by:		Date:			
Interviewed: Yes	No	Date:			
Notes:					