



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

Position Applying For _____ Dept. _____ Shift _____

Name: Last _____ First _____ MI _____ Date of Hire _____

Current Position _____ Dept. _____ Shift _____ Current Position Date of Hire _____

List qualifications/experience, which you feel, helps you qualify for this position:

List Licenses/Certifications & Education you possess which apply:

Would you like this application to be kept confidential? Yes ___ No ___

I hereby authorize the Administrator to review my personnel folder. Yes ___ No ___

Employee Signature _____

Date _____

Dept. Extension _____

Home Phone Number _____

Personnel Use Only

Reviewed by: _____ Date: _____

Interviewed: Yes ___ No ___ Date: _____

Notes: _____