



Corning Union Elementary School District
 1590 South Street, Corning, CA 96021 (530) 824.7700 Fax (530) 824.2493

Application for Current Employees

Name: _____			
Last	First	Middle	
Address: _____			
Street	City	State	Zip
Home Telephone No. (____) _____		Cell Phone No. (____) _____	
E-mail Address: _____			

Current Assignment(s): _____

Work Phone #: _____

Site(s): _____ and _____

Supervisor(s): _____

Is this a request for: a change in assignment an additional assignment

Vacancy you are interested in: _____



In order for you to be given full consideration, you **MUST** provide or attach a written statement or updated resume to indicate qualifications. Please provide information that indicates your skills, abilities, classes or workshops attended, etc., that are applicable to the position for which you are applying.

Signature: _____ Date: _____