



**LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM**

ATTACHMENT A

**EARLY CHILDHOOD AFTER SCHOOL PROGRAMS APPLICATION FOR
CLASSIFIED PERSONNEL FOR ADDITIONAL HOURS, 2019-2020**

INSTRUCTIONS: Interested, qualified personnel should complete all sections of this application ELECTRONICALLY, print, sign, date, and submit via school mail to the Early Childhood Special Education office, Beaudry Building, Floor 17. For additional information, please contact Cesar Rodriguez at <mailto:car5715@lausd.net> or (213) 241-4713. Completed applications must be received in the office no later than Friday, May 24, 2019. FAXED, EMAILED, AND HAND WRITTEN DOCUMENTS WILL NOT BE ACCEPTED.

SECTION I. EMPLOYEE INFORMATION:

Name:		Employee Number:	
Home Address:		Home / Cellular Phone Number:	Home: Cell:
City:	Zip:	LAUSD Email Address:	
Current Assignment:	Local District:	<input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> South <input type="checkbox"/> West	
Mailing School:			
Grades/Ages/Other:	School Telephone Number:		
Number of Years with District:			
Number of Hours in Current Assignment:	<input type="checkbox"/> 100 <input type="checkbox"/> 120	Current Classification:	<input type="checkbox"/> SpEd Trainee <input type="checkbox"/> SpEd Asst. <input type="checkbox"/> Health Care Asst.
Languages Spoken (other than English):	Level of Fluency:		
Have you participated in the Early Childhood Afterschool Program during any previous program year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which year(s)?	Which site(s)?
Name of the Early Childhood Afterschool Program Teacher(s) with whom you worked?			

SECTION II. EXPERIENCE:

Experience Working with Children 3-7 Years of Age			
Year	Location	Pupil Ages	Program Type



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Employee Name:		Employee Number:	
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Experience Working with Parents (counseling, parent workshops, etc.)			
Year	Location	Pupil Ages	Program Type

SECTION III. AVAILABILITY:

Days Available for Program Service:	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	Are You Available to Work Both Wed. and Thurs. each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In Which Local District(s) Are You Available to Work?	<input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> South <input type="checkbox"/> West		

SECTION IV. SIGNATURES:

Applicant Signature: _____	Date _____
Principal Signature at regular site assignment (acknowledgement only): _____	Date _____
Principal Name Printed: _____	

**NOTE: Afterschool Early Childhood Program (AECP) meets two days per week (Wednesday/Thursday).
All selected staff must attend mandatory Monday meetings.**