

For office use only:

_____ Last name

_____ Preferred Position

Christina School District

APPLICATION FOR SUMMER SCHOOL - Not Current CSD Employee

I wish to apply for the following position(s). I understand that I must meet State of Delaware certification requirements:

- | | |
|--|---|
| <input type="checkbox"/> Group Home Advisor for Youth with Autism | <input type="checkbox"/> Teacher of Special Education |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher of Children with Autism |
| <input type="checkbox"/> Paraprofessional (any program) | <input type="checkbox"/> Teacher of English Language Learners |
| <input type="checkbox"/> Paraprofessional clerical support | <input type="checkbox"/> Teacher of ESY |
| <input type="checkbox"/> (Circle one: Leasure, Smith, Elbert/Palmer) | |
| <input type="checkbox"/> Paraprofessional Group Home for Youth with Autism | <input type="checkbox"/> Teacher of Pre School |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Teacher of Deaf and Hearing Impaired Children (Delaware School for the Deaf) |
| <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> Teacher of REACH Children |
| <input type="checkbox"/> Teacher of Credit Recovery (English, Science, Math, Social Studies) | |
| <input type="checkbox"/> Teacher of Regular Education | <input type="checkbox"/> Substitute Teacher |
| | <input type="checkbox"/> Substitute Paraprofessional |
| | <input type="checkbox"/> Substitute Nurse |

Note: Those wishing to work at Delaware School for the Deaf must be proficient in American Sign Language.

Please complete and return this form to the Department of Human Resources. Questions regarding the application process should be directed to Cheryl Congo (302-552-2607). Principals will contact applicants for interviews.

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>
<u>Home Street Address</u>	<u>City</u>	<u>State, Zip Code</u>
<u>Home Phone</u>	<u>Cell Phone</u>	<u>E-mail</u>
<u>What position do you currently hold?</u>	<u>What is your current location?</u>	<u>Type of Certificate/Permit Held?</u>
<u>If elementary, do you prefer grade 3 or 5?</u>	<u>If secondary, subjects you prefer to teach?</u>	<u>If Spec Ed, Autism, or Sterck, do you prefer elementary or secondary?</u>

Since you are not currently employed by the Christina School District, you must complete the following as a condition of employment. Paychecks will not be issued unless all items are received. Pre-employment packets, including the following forms, will be provided to you at the time of hire:

<input type="checkbox"/>	Completed Federal Income Tax Form (W-4)	<input type="checkbox"/>	Copy of Social Security Card
<input type="checkbox"/>	Completed Employment Eligibility Form (I-9)	<input type="checkbox"/>	Copy of Driver's License
<input type="checkbox"/>	Negative TB Screening or Chest X-ray	<input type="checkbox"/>	Favorable Criminal Background Check
<input type="checkbox"/>	Completed & Signed Direct Deposit Form w/voided check or copy of savings statement if using a savings account.	<input type="checkbox"/>	Favorable Child Protection Registry Report
		<input type="checkbox"/>	Favorable Drug Screening

PLEASE CHOOSE A LOCATION BELOW BY PLACING A ✓ IN THE APPROPRIATE BOX:

AUTISM	✓	REACH	✓	DEAF/BLIND DEAF/Hard of Hearing	✓	PRESCHOOL/ESY/ELL	✓	TRADITIONAL/ CREDIT RECOVERY	✓
Location		Location		Location		Location		Location	
Elem/Brennen, Smith		Leasure- Pre K		Elementary/DSD		Preschool Playgroup/Leasure		Newark High	
Middle-High Brennen/NHS		Smith		Middle-High/DSD		ESY/Leasure		Sarah Pyle	
		Elbert Palmer		Deaf/Blind all		ESY/Smith			
		Bayard				ESY/Elbert Palmer			
		Middle/High Newark High				ESY/Bayard			
		NETWorks				ELL/Leasure			
						ELL/Smith			
						ELL/Elbert Palmer			

SEND TO:

DEPARTMENT OF HUMAN RESOURCES-Christina School District

Drew Educational Support Center
600 North Lombard Street
Wilmington, Delaware 19801

Phone: 302-552-2607

Fax: 302-552-2651