



ASSIST AFTERSCHOOL PROGRAM STAFF 2009-2010

600 W. Nebraska  
Ulysses KS 67880  
assist@ulysses.org



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Grade Desired: \_\_\_\_\_

Please Check Position Desired: (Check all that apply)

Please Check Desired Time(s):

- Certified Teacher Leader
- Group Leader
- Snack Staff
- Office Support
- Substitute

- Academics
- Enrichments

Please Check days desired to work:

- Monday
- Tuesday
- Wednesday
- Thursday
- Every Friday
- Alternate Fridays

Personal References (if in HS please include one teacher or counselor)

Name	Business	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Work Experience

Place	Position	Dates Employed	Supervisor	Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Please write why you are suited for this job

\_\_\_\_\_  
\_\_\_\_\_

Please list any special interests that you have

\_\_\_\_\_  
\_\_\_\_\_

This position requires you to be in attendance from 3:45pm-5:30pm (or later) Monday-Friday. Please list any conflicts that you might have with this schedule. (If in HS please list any sports or activities that you participate in)

\_\_\_\_\_  
\_\_\_\_\_

This position requires an up-to-date TB Skin Test and the completion of the Blood Borne Pathogens.

The number of hours per week depends upon number of students in attendance.

I certify the above information to be true, and understand that falsification could be grounds for termination.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date