

APPLICATION FOR SUMMER SCHOOL
Driver's Education Instructor

Date: _____ Social Security Number: _____

Name _____
(Last) (First) (Middle)

Address _____ Phone _____

Reason(s) for wishing to be considered for summer school teaching position:

Date

Applicant's Signature

Return completed application form to:

Superintendent
Unified School District #339
310 5th Street
Winchester, KS 66097

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