



**SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT  
APPLICATION FOR TRANSFER**



**CURRENT EMPLOYEES USE THIS FORM TO APPLY FOR A TRANSFER TO A DIFFERENT SITE AND/OR DIFFERENT ASSIGNMENT *WITHIN THE SAME JOB DESCRIPTION* (See Article 10.2).**

20__ - 20__
-------------

**PLEASE TYPE OR PRINT:**

**APPLICANT INFORMATION – Please complete your current employment information**

Name:		Home Phone:	
Current Position:		Cell Phone:	
Work Hours: From:	To:	Location/Site:	

**REQUESTED POSITION INFORMATION**

POSITION/ASSIGNMENT:						
LOCATION(S) DESIRED: <input type="checkbox"/> CTE <input type="checkbox"/> DHS <input type="checkbox"/> PVHS <input type="checkbox"/> RHS <input type="checkbox"/> SMHS <input type="checkbox"/> SSC						

*Please describe the reason for requesting a transfer.*

*Please explain how your past personal and professional experience make you a quality candidate for the position for which you are applying.*

**NAME:**

**TRAINING / COURSES / WORKSHOP:** *List training, courses, and/or workshops, which have continued your education.*

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
▶ \_\_\_\_\_ ▶ \_\_\_\_\_

**CERTIFICATES / LICENSES**

Calif Driver's License – Expiration Date:                       CPR Certificate – Expiration Date:  
 First Aid Certificate – Expiration Date:                       Other: \_\_\_\_\_ Expiration Date:  
 Typing Certificate – \_\_\_\_\_ wpm

I am interested in a transfer. I understand that

1. supplemental materials such as letters of recommendation, resume and/or certificates may be attached to this application.
2. my application will remain on file for the current school year only. Any supplemental materials must be attached to this application.
3. if I am placed in the position, this form becomes part of my personnel file, and I must resubmit another Application for Transfer form if I wish to show interest in another position.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

FOR PERSONNEL USE ONLY		
Hire Date: _____	Anniversary Date: _____	Seniority Date: _____
Last Evaluation Date: _____	All Satisfactory: Yes No	Improvement Plan: Yes No
Satisfactory Attendance: Yes No		
File Review Performed By: _____	Date: _____	
Interview Date: _____	Interviewed by: _____	
Notes: _____		
_____		