

Enrichment Department 52858 Dequindre Rd. Rochester, MI 48307 Phone: (248) 726-3165 Fax: (248) 726-3025

Email: enrichment@rochester.k12.mi.us

ENRICHMENT DEPARTMENT APPLICATION

Name:		Date	ə:	
Last Address: Street	First	MI		
	City Alt. Phone:E	State	ZIP	
	es 🗆 No Are you over 1	_	_	
Have you previously applied	d or worked at Rochester Com	munity Schools? LYes	∐No	
	If yes: Date(s):_	Position:		
_	eguard/Swim Instructor 🗆 Enric ol Supervisor 🔲 Com		er (CSO)	
Hourly wage expected:	Date available for w	/ork:		
Availability to work: Mon Tu Morning				
EDUC	ATION & WOR	K EXPERIEN	CE	
High School:	From-To:	Grade Comp	Grade Completed:	
College:	From-To:	Graduated? 🗆 Yes 🗆 No		
Most recent employer:				
Address:stroot	City	State	ZIP	
	Phone:			
Additional employer:				
Address:Street				
Supervisor's name:	City Phone:	State Position held:	ZIP	
	REFERENC	CES		
Name	Phone	Email	Relationship	
1				
2				
3				