

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

SUBMIT APPLICATION & RESUME TO THE PRINCIPAL AT THE SELECTED ESY LOCATION(S)

\_\_\_\_\_  
(Date)

TO: Principal, \_\_\_\_\_  
(Name of Location)

FROM: \_\_\_\_\_, Education Support Professionals  
(Employee Name)

SUBJECT: **EDUCATION SUPPORT PROFESSIONALS (ESP)  
EXTENDED SCHOOL YEAR (ESY) APPLICATION**

At the present time, The School Board of Broward County has approved the 2018 summer session for the Extended School Year (ESY).

I have indicated my intentions for ESY employment by completing the information requested below.

I am interested in working **Extended School Year (ESY)**:

Monday, June 25, 2018 - Thursday, July 26, 2018 (Planning day: Thursday, June 21)

Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_ Bargaining

Unit Date: \_\_\_\_\_ Current Position: \_\_\_\_\_ Current

Work Location: \_\_\_\_\_ Work

Phone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Check all areas of experience, training or qualifications:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>PCM</b>       | <input type="checkbox"/> <b>Autism</b> | <input type="checkbox"/> <b>CPR Certified</b> |
| <input type="checkbox"/> <b>Pre K/ESE</b> | <input type="checkbox"/> <b>SVE</b>    | <input type="checkbox"/> <b>IND</b>           |
| <input type="checkbox"/> <b>Unique</b>    | <input type="checkbox"/> <b>EBD</b>    | <input type="checkbox"/> <b>Other: _____</b>  |