

City of Pleasanton
Parks and Community Services Department 925-931-3432
Support Staff Information Sheet

Today's Date: _____

Personal Information

Name _____
First Middle Initial Last

Home Address _____
Street City Zip Code

Phone number (daytime) (____) _____ Phone number (evening) (____) _____

Cell phone (____) _____ e-mail address _____

Employer Information

Name of Employer _____

Address _____
Street City Zip Code

Phone number (____) _____ Fax number (____) _____

e-mail address _____

Supervisor's Name _____

Phone number (____) _____ Fax number (____) _____

Cell phone number (____) _____ e-mail address _____

Support Staff Assignment

Child's name you are supporting _____

Days and Times you will be providing support for child _____

Support staff tasks to be performed: _____

Experience pertinent to Task Assignment _____

Required Certifications

TB Test Clearance: _____ date of test
(attach a photo copy of testing slip from physician. Test must have been completed within the last year.)

Fingerprint Clearance/Background Check

A statement on contractor's letterhead, stating that they have been fingerprint cleared through the Pleasanton Unified School District or through the state via their state license, list license number if appropriate.

Orientation Meeting

Date held _____ In attendance _____

Notes _____
