

**RESIG POST OFFER/PRE-PLACEMENT PROGRAM  
KAISER APPLICANT REFERRAL FORM  
2021-22**

**This form is to be filled out by the District and sent with Applicant to appointment**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Kaiser MR# \_\_\_\_\_

Applicant's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SS#: (last 4 digits only) \_\_\_\_\_ Date of Birth \_\_\_\_\_

District: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Name of person making appointment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**This applicant has been offered a position as:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> <b>Bus Driver</b>            | <input type="checkbox"/> <b>Van Driver</b>                | <input type="checkbox"/> <b>Custodian</b> | <input type="checkbox"/> <b>Grounds Worker</b> |
| <input type="checkbox"/> <b>Maintenance Worker</b>    | <input type="checkbox"/> <b>Warehouse Worker</b>          |   |  |
| <input type="checkbox"/> <b>Food Service Worker</b>   | <input type="checkbox"/> <b>Special Day Class Teacher</b> |   |  |
| <input type="checkbox"/> <b>Special Ed. Assistant</b> |   |   |  |

Full time: \_\_\_\_\_/\_\_\_\_\_  
Hours Days Part Time: \_\_\_\_\_/\_\_\_\_\_  
Hrs/day # of days Substitute: \_\_\_\_\_/\_\_\_\_\_  
Hrs/day # of days

**PROVIDER LOCATIONS (Circle One)**

**KAISER-Petaluma**

3900 Lakeville Hwy, Bldg. 2  
Petaluma, CA 94952  
(707) 765-3595  
(707) 765-3808 Fax

**KAISER – Santa Rosa**

3975 Old Redwood Highway  
Bldg. 5, Suite 152  
Santa Rosa, CA 95401  
(707) 566-5550  
(707)566-5536 Fax

**KAISER-San Rafael**

99 Montecillo Road, Bldg.2  
Bldg. 2, First Floor  
San Rafael, CA 94928  
(415) 444-2900  
(415) 444-2899 Fax