

RESIG POST OFFER/PRE-PLACEMENT 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: _____

District: _____ Appointment Date: _____

Name of person making appointment: _____ Phone Number: _____

Email: _____ Fax Number: _____

This applicant has been offered a position as:

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

Full time: _____ / _____
Hours Days

Part Time: _____ / _____
Hrs/day # of days

Substitute: _____ / _____
Hrs/day # of days

PROVIDER LOCATIONS (Circle One)

Healdsburg

HEALDSBURG HOSPITAL
Occupational Health Dept.
1312 Prentice Drive
Healdsburg, CA 95448
(707) 431-6366
(707) 433-0235 Fax or
(707) 433-6594

Sonoma

SONOMA VALLEY HOSPITAL
Occupational Health Dept.
347 Andrieux Street
Sonoma CA 95476
(707) 935-5470
(707) 935-5461 Fax

Santa Rosa

SANTA ROSA SPORTS MEDICINE
1255 N Dutton Avenue
Santa Rosa, CA 95401
(707) 546-9400, ext. 1 - Appointments
(707) 546-9464 Fax