Murrieta Valley Unified School District Supplemental Questionnaire - Special Education Assistant and D.I.S. Aide

App	icant Name: SS#	SS#	
Plea posi	se answer these supplemental questions and attach to your applicant profile and tion.	<u>applicatio</u>	n for the
1.	Please list related professional licenses or certifications that you hold:		
2.	List any specialized training you have in autism, emotional and physical disabilities (include dates and institution where training was received):		
3.	How many years of experience do you have working with students with disabilities?		
4.	Do you currently possess VALID CPR/First Aid certificates?	Yes	□No
	4a.If "NO", are you willing to obtain them for employment? ☐ Yes ☐ No		
ANS	SWER YES OR NO to the following questions:		
Are	you willing and able:		
5 to supervise student during lunchtime and recesses on the playground?		☐ Yes	□No
6 to perform duties such as toileting, diapering, tube feeding, catheterization, etc?		☐ Yes	□No
7 to use personal protection equipment as required (i.e. Kevlar gloves, back belts, etc.)?		☐ No	
8 to lift and carry 30 pound frequently and 60 pounds occasionally?		☐ Yes	□No
9 to walk, sit, stand, stoop, kneel, and bend for extended periods of time?		☐ Yes	□No
10 to work with cleaning agents and/or chemical solutions safely?		☐ Yes	□No
11	to work in the home of students requiring specialized services?	☐ Yes	□No
corre	tify that all statements made by me on this supplementary employment application ect to the best of my knowledge and belief, and I agree that if employed, any missification, or omission of facts thereon shall justify my dismissal.		
Sign	ature: Date:		