

OCS 101
2/01/01
Revised 10/3/12

OAPSE LOCAL 320 BID FORM
TO BE USED BY UNION MEMBERS ONLY

Bid Position _____

Name _____

Phone Number _____

Current Classification _____ Building _____

Work Hours in the Classification _____

Seniority Date _____

Current School Assigned To _____

Certificates you hold relative to the Position _____

_____ Effective Dates _____

Brief description of your qualifications relative to the qualifications indicated for the position:

Signature _____ Date Submitted _____