

INSTRUCTOR APPLICATION

DATE: _____

NAME: _____
(FIRST) (M.I.) (LAST)

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
(CITY) (STATE) (ZIP CODE)

HOME PHONE: _____ WORK PHONE: _____

APPLYING FOR THE POSITION AS INSTRUCTOR OF: _____

QUALIFICATIONS

EDUCATION: _____

CERTIFICATIONS: (PLEASE ATTACH COPIES OF ALL APPLICABLE CERTIFICATIONS)

EXPERIENCE: _____

REFERENCES

| <u>NAME AND OCCUPATION</u> | <u>ADDRESS</u> | <u>TELEPHONE NUMBER</u> |
|----------------------------|----------------|-------------------------|
|----------------------------|----------------|-------------------------|

DAYS & TIMES AVAILABLE TO TEACH

| | | | |
|-----------|-------|-----------|-------|
| MONDAY | _____ | MORNING | _____ |
| TUESDAY | _____ | AFTERNOON | _____ |
| WEDNESDAY | _____ | EVENING | _____ |
| THURSDAY | _____ | | |
| FRIDAY | _____ | | |
| SATURDAY | _____ | | |

SESSION DURATION

| | |
|---------|-------|
| 1 DAY | _____ |
| 4 WEEKS | _____ |
| 6 WEEKS | _____ |
| 8 WEEKS | _____ |
| OTHER | _____ |

CLASS MEETS

| | |
|--------------|-------|
| ONCE A WEEK | _____ |
| TWICE A WEEK | _____ |
| MORE | _____ |