

Area of Instruction:

E-mail (opt.):

Course Title(s):

Instructor Application

Name:

Address: City/State/Zip Code:		Home Number: Work Number:
High School or GED: Name & Address of Sci	hool:	
Graduated? Y/N	GED #:	STATE:
Accredited College or University: Name & Address of Sci		
Type of Course or Maj	or Subject:	
Total Credits Received:		Type of Degree Received:
Professional/Technical School: Name & Address of Sch	hool:	
Type of Course or Maj	or Subject:	
Total Credits Received:		Type of Degree Received:
Other School or Special Coursewo Name & Address of Sch		
Type of Course or Major Subject:		Credit/Certification Received:
LICENSES: (List any licens	ses or certification	s applicable to your area of instruction.)
Name of Trade or Profession:		Specialty:
License/Certificate Number:		Granted by:
Date First Issued:		Registered Until:
OTHER CREDENTIALS:	(List any applicab	le to your area of instruction.)

Describe credential:

Name:	
CURRENT (or most recent) EMPLOYER:	
Name & Address of Business:	
Type of Business:	Title/Position:
Employment Dates (from/to):	Name of Supervisor:
Duties/Responsibilities:	
	f all occupations applicable to your area of instruction. you feel is relevant. Attach additional sheets as necessary.)
Name & Address of Business:	
Type of Business:	Title/Position:
Employment Dates (from/to):	Name of Supervisor:
Duties/Responsibilities:	
Name & Address of Business:	
Type of Business:	Title/Position:
Employment Dates (from/to):	Name of Supervisor:
Duties/Responsibilities:	
Name & Address of Business:	
Type of Business:	Title/Position:
Employment Dates (from/to):	Name of Supervisor:
Duties/Responsibilities:	
B. Were you ever dismissed from any employment f C. Have you ever been convicted of any crime (felon	
*If yes, please use the space below to give a full explanation case is evaluated on an individual basis in relation to the	on. A "yes" answer to B or C above will not necessarily disqualify you. Each duties and responsibilities of the position.
[If more space is required in any area, at	ttach additional sheets as necessary.]
authorize the Trumansburg Community Education I all persons, schools, companies, corporations, credi and other information relative to my suitability to p	nents made on this application (including attachments) are true. I Program and/or the Trumansburg School District to obtain from the bureaus and law enforcement agencies any records, documents the duties of the position and I further release all parties ponsibility arising from their supplying said information.
Signature	Date