

INSTRUCTOR APPLICATION

PRIVATE OCCUPATIONAL SCHOOL PERSONNEL

SECTION A

(Last Name) _____ (First Name) _____ (Middle Initial) _____

(Mailing Address) _____ (City, State) _____ (Zip Code) _____ (Residence Phone) _____ (Business Phone) _____

(Employing School) _____ (Address) _____ (City, State) _____ (Zip Code) _____

DATE EMPLOYED: _____ Instructor Program Supervisor

LIST BELOW THE PROGRAMS YOU WILL BE TEACHING		

SECTION B

Mark the appropriate answer. **If any questions asked below are answered "Yes", attach to this application a written explanation providing dates and specific information detailing your answer. Have you ever**

- a. Been convicted of or pled to a felony; or have charges pending under this or another name? Yes___ No___
- b. Been convicted of or pled to a misdemeanor, other than a minor traffic violation; or are misdemeanor charges pending under this or another name? Yes___ No___
- c. Been dismissed from or allowed to resign from any position for immoral or unprofessional conduct? Yes___ No___
- d. Been denied; revoked; relinquished; or otherwise prevented from obtaining an instructor credential and/or a professional license in this or any other state? Yes___ No___
- e. Will you be teaching or expect to be teaching minors (under the age of 16)? Yes___ No___

I hereby swear, affirm or otherwise certify by my signature below that all information presented in this application is correct and complete to the best of my knowledge. I recognize and accept that my employment as an instructor may be denied or revoked if any of the information or statements given are false. I recognize that my employment for teaching is contingent upon approval of this application.

DATE: _____ SIGNATURE OF APPLICANT: _____

I hereby swear, affirm or otherwise certify that I have reviewed this application and believe that the applicant meets the educational staff requirements as set forth in Section III.E. (Minimum Standards of Educational Staff) in the Rules and Regulations promulgated pursuant to the Private Occupational Education Act of 1981. I further acknowledge and accept that it is my responsibility to exercise due diligence and make reasonable inquiry/effort to ensure the accuracy and completeness of the information contained herein.

DATE: _____ SIGNATURE OF RESIDENT SCHOOL DIRECTOR/ OWNER: _____

SCHOOL RESIDENT DIRECTOR/ OWNER NAME PRINTED: _____

ALL INSTRUCTOR APPLICANTS WHO WILL BE TEACHING MINOR STUDENTS

(Students Under 16 Years of Age)

Please see Application "Guidelines" for Background Check procedures and forms. Fees are required.

SECTION C

EDUCATION

INCLUDE A PHOTOCOPY of applicable college transcripts, training certificates, state or federal registration, license, journeyman's card, or other forms of training documents.

Please complete section provided. **DO NOT** write "See Attached" unless additional space is needed.

NAME AND LOCATION OF SCHOOL, COLLEGE OR UNIVERSITY (Including special training and/or military training which applies to your specialty)	DATE ATTENDED	MAJOR	CERTIFICATE or DEGREE	DATE

APPLICABLE TEACHING EXPERIENCE (Program Supervisors only)

Please complete section provided. **DO NOT** write "See Attached" unless additional space is needed.

DATE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	SUBJECT TAUGHT
FROM (Mo./Yr.)	TO (Mo./Yr.)		

APPLICABLE OCCUPATIONAL EXPERIENCE

Please list occupational experience below, and **Use Form INST-2 to verify at least two years of experience.**

DATE OF EMPLOYMENT		TOTAL HOURS EMP.	NAME AND ADDRESS OF EMPLOYER	DESCRIPTION OF WORK PERFORMED
FROM (Mo./Yr.)	TO (Mo./Yr.)			