

Application for Instructor Training

Program _____ Program Date _____

Last name _____ First name(s) _____

Street address _____ City _____ Province _____ Postal code _____

Telephone (include area code) _____ Fax _____ E-mail _____

Work experience (Please list most recent first)

1 Position _____ Dates of employment _____
Employer _____ Address _____
Supervisor _____ Telephone _____ E-mail _____
Beginning pay _____ Ending pay _____
Reason for leaving _____ May we contact this employer? []
Yes [] No

Responsibilities _____

2 Position _____ Dates of employment _____
Employer _____ Address _____
Supervisor _____ Telephone _____ E-mail _____
Beginning pay _____ Ending pay _____
Reason for leaving _____ May we contact this employer? []
Yes [] No

Responsibilities _____

3 Position _____ Dates of employment _____
Employer _____ Address _____
Supervisor _____ Telephone _____ E-mail _____
Beginning pay _____ Ending pay _____
Reason for leaving _____ May we contact this employer? []
Yes [] No

Responsibilities _____



INSTRUCTIONAL EXPERIENCE

1. _____
2. _____
3. _____
4. _____

List other relevant experience

Education/training

List secondary and post-secondary education including course of study, and degree or diploma received (highest level achieved first)

List other relevant training (most recent first)



Other activities

List volunteer work, leadership positions, or other activities that you feel may be relevant to this application

Personal references

Please provide three reference contacts other than family members or people you have previously worked with

| Name | Telephone | Occupation |
|------|-----------|------------|
| Name | Telephone | Occupation |
| Name | Telephone | Occupation |

Application for Instructor — Page 3

Is there anything else you would like to tell us about yourself?

I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

Signature _____ Date _____

Please attach resume and any other documents and/or certificates you think appropriate.

Thank You