**INSTRUCTIONAL PERSONNEL FORM Associate Degree program (s)**

**Non-Degree program(s)**

Complete this form for each **NEW** person employed in an instructional capacity, full- or part-time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: | | | | |
| School: | | City: | | State: |
| Date of initial employment: | Full-Time: | | Part-Time: | |
| Subjects taught: | | | | |
|  | | | | |
|  | | | | |
| Describe current instructional licenses and/or credentials and **ATTACH COPIES** to this form: | | | | |
|  | | | | |

**Educational Background:** (Attach additional sheets if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution Name & Address | Attendance | | Major Studies | Award  Diploma/Degree |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |

**Related Work Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name & Address | Dates | | Job Title & Duties |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| How and when were you trained to teach? |
|  |
| How do you maintain up-to-date professional knowledge? (Organization activities, self-study, publications, etc.) |
|  |

|  |
| --- |
| **CERTIFICATION STATEMENT** |
| **I certify that the information contained on this form and attached hereto is correct and complete.** |
| *Employee’s Signature Date* |

*(June 2012)*