**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 | AwardDiploma/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.) |
|  |

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

*(June 2012)*