

## Continuing Education PART-TIME INSTRUCTOR APPLICATION

Name:	Date	Date:					
Address:		City:	State	te and Zip Code:			
Telephone Numbers: Day	Evening		Cell	11			
E-mail Address	Business Nam	ie	Fede	Federal Tax ID #:			
Teaching position applying for (ie. Subject)							
Courses/Workshops you would like to teach, by title:							
Present Occupation:							
EDUCATIONAL BACKGROUND:							
High School/College/University		Major		Degree(s)			
What formal training and or experiences uniquely qualify you to teach the course under consideration? Academic, Professional, Civic Organizations.							
Biographical information: Please write a paragraph about your qualifications to teach this class.							

Employme Dates	ent History: List positions you l  Employer	have held that are relevant <b>Location</b>	to the position sought. <b>Duties</b>	
Dutes	Employer	Document	Duttes	
How do you	ı describe your teaching style?			
	t describe your teaching style.			
				_
				_
What teach	ing aids do you use most often?			
Attach the	following to application: 1. C	Course Outline		
		wo or more letters of ref	erence	
my knowl and that a	nat any and all statements, whice edge. I understand that part-time class is not necessarily schedul continuing employment.	e instructor applicants mus	st be approved by the F	Program Supervisor
Comments based on interview:		Applican	Applicant's signature	
		Dung	man'a Ciamatura	Dota
		Programi	mer's Signature	Date
A 1 1				
Attended TA		Program	Supervisor's Signature	Date

Central Oregon Community College is an equal opportunity employer and shall not illegally discriminate or harass an employee or applicant on the basis of age, disability, gender, marital status, national origin, race, religion, sexual orientation, or veteran status in any educational programs, activities, or employment. Persons having questions above equal opportunity and nondiscrimination should contact the Affirmative Action Office at 383-7700.