



**SCHOOL OF CONTINUING EDUCATION
VOCATIONAL EDUCATION
INSTRUCTIONAL PERSONNEL**

Must be submitted each Semester
(Please type or write legibly)

NEW REQUIREMENTS

- 1) **All** CE Instructors are required to complete the top portion of this Form.
- 2) **New** CE Instructors must complete the entire Form.

Last Name:		First Name:	
Address:		City:	State:
Home Phone:		Cell Phone:	
Work Phone:		Email Address:	

↑ Top Portion ↑

Subject:	Previous WCCCD Teaching Experience:			
Educational Qualifications: Other :	AS/AA	BS/BA	MS/MA	Masters +30PhD

Non-Teaching Work/Occupational Experience

Please list in chronological order any relevant occupational or work history pertinent to the position for which you are applying.

Dates Of Employment				Length Of Employment In Months	Average Hours Worked Per Week	Title Of Position	Name And Address Of Employer	Describe Duties And Nature Of Work Including Supervision Responsibilities (If Any)
From		To						
MO	YR	MO	YR					
TOTAL MONTHS								

Total months Related Occupational Experience _____
(18 Months full-time work experience is the minimum required for Vocational Certification)

Signature:	Date:
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