

*Please complete in print this form in its entirety and return it with your resume.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone h) \_\_\_\_\_ w) \_\_\_\_\_ cell) \_\_\_\_\_ fax) \_\_\_\_\_

***Check the list below for the courses you are qualified to teach.***

**Computer Training**

- Keyboarding
- Computer Basics
- Windows Basics

**Microsoft Applications**

- Word (Intro to Adv.)
- Excel (Intro to Adv.)
- PowerPoint
- Access (Intro. to Adv.)
- Outlook
- Project

**Design and Photography**

- Adobe Acrobat
- Adobe Photoshop
- Adobe Elements
- Adobe GoLive
- Adobe Illustrator
- Macromedia Dreamweaver
- Macromedia Flash
- Multi-platform Web Design
- Photography
- Digital Photography

**Certification Programs**

- Bookkeeping
- CDL
- Food Managers
- Personal Trainer
- MCSE / MSCA
- PMI

**Technical Training**

- Auto Body Repair
- Auto Pin-striping
- Basic Engine Operations
- Blueprint Reading
- CPR / First Aid
- Home Remodeling
- HVAC
- Safety Training
- Small Engine Repair
- Welding
- Wiring

**Professional Development**

- Accounting
- Business Writing
- Communication / Presentation
- Customer Service
- Event / Meeting Planning
- Finance
- Grant Writing
- Non-Profit Education
- QuickBooks
- Real Estate
- Small Business Education
- Sales Skills
- Supervision Skills

**Languages and Writing**

- Business Writing
- Creative Writing
- English as a Second Language
- GED
- Sign Language
- Writing Fundamentals
- Writing for Specific Markets
- French
- German
- Italian
- Japanese
- Latin
- Russian
- Spanish

**Home and Garden**

- Estates, Wills, & Taxes
- Interior Design
- Faux Finishes for Wall
- Property Codes
- Residential Wiring
- Cooking
- Gardening Basics
- Floral Design
- Art
- Real Estate Investing
- Legal Classes

Please describe how your background (professional or personal) relates to the courses that you have selected to teach. We read this information to people who want to know the instructor's background and qualifications.

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Name \_\_\_\_\_ Date \_\_\_\_\_ (Continued)

Are you or have you ever worked for DCCC or the CCIU:  Yes  No

If "Yes", which department and when: \_\_\_\_\_

### ***Experience Teaching Adult Learners***

(Please describe in detail applicable experience teach adults. This information will be shared with potential students.)

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### ***References***

(Please include at least one immediate supervisor)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_