Canton Community Center Inc. Instructor Application



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Name:		Social Security Number:				
Address:		City:	State:	_ Zip Code:		
Phone Number:		Anticipated Sta	art Date:			
Description of	the class you wish	to instruct (car	n list multiple):			
Availability (ch	neck all that apply)	:				
Day/Time	Early Morning (5-8am)	Morning (8am-12pm)	Lunch/Afternoon (12-5pm)	Evening (5-8pm)		
Monday	(3-0dill)	(oaiii-12piii)	(12-5piii)	(5-ομπ)		
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
*If you have an up upon submission to Education:	-to-date resume, skip to o the CCC Board.	the reference sectio	n. Attach your resui	me to this application		
High School:		Degree Earn	_ Degree Earned:			
College: Degree Earned:						
College: Degree Earned:						
List any current ce	rtifications obtained:					

^{*}Canton Community Center is an Equal Employment Opportunity Provider and Employer.

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Former Employment (last three employers, begin with most recent):

Employer:	Position Held:				
Address of Employer:					
	Wage/Salary:				
Reason for Leaving:					
Employer:	Position Held:				
Address of Employer:					
Dates of Employment:	Wage/Salary:				
Reason for Leaving:					
Employer:	Position Held:				
Address of Employer:					
	Wage/Salary:				
Reason for Leaving:					
Name:	-relatives, whom you've known for at least one year): Address:				
	Best time to contact:				
Occupation:	Relationship:				
Name:	Address:				
Contact phone number:	Best time to contact:				
Occupation:	Relationship:				
Name:	Address:				
Contact phone number:	Best time to contact:				
Occupation:	Relationship:				

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Interview Details:

Date:		
Notes:		
Board Member:		