

**IROQUOIS CENTRAL COMMUNITY EDUCATION
P. O. BOX 32
ELMA, NEW YORK 14059-0032**

INSTRUCTOR INFORMATION /APPLICATION SHEET

PERSONAL INFORMATION (Please print)

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYED BY _____

PRESENT OCCUPATION _____ OVER 18 YEARS OLD _____

IF NOT, CAN YOU PROVIDE WORKING PAPERS? YES _____ NO _____

EMAIL: _____

PHONE # _____ CELL # _____

SUBJECTS YOU ARE QUALIFIED TO TEACH:

EDUCATION:

EXPERIENCE/SPECIAL TRAINING:

REFERENCES: (Please give names, addresses, and phone numbers):

Mail To:

Iroquois Community Education
P.O. Box 32
Elma, NY 14059-0032

Please attach your course(s) proposal to this application!