



WIREGRASS

GEORGIA TECHNICAL COLLEGE®

EXTERNAL INSTRUCTOR APPLICATION FOR TEACHING CREDIT COURSES

NOTES:

A large, empty rectangular box with a black border, intended for the applicant to provide notes or additional information.

PERSONAL INFORMATION

Last Name			First Name			Middle/Former Name			
Daytime Telephone Number				Email Address					
Street or Mailing Address				Apartment Number					
City			State		Zip Code		County		

ELIGIBILITY

To teach MOWR courses for Wiregrass Georgia Technical College, you must meet certain State and Federal employment eligibility requirements. You must have a verified background check on file with your K-12 employer. Please answer the following questions.

EDUCATION

Type of Institution	Name & Location	Field of Study			Specify Type of Degree Earned				Date Completed	
		Major	Minor	Hrs	Cert.	Dip.	Deg.	Other	Month	Year
High School										
Vocational, College, or University										
Vocational, College, or University										
Vocational, College, or University										
Other <i>(please specify)</i>										

LANGUAGE SKILLS *(check any that apply)*

Multilingual *(list all that apply)*: _____
 Sign Language

PROFESSIONAL CERTIFICATION / LICENSURE(S)

Please list all professional licenses and certifications (*include issuing state if applicable)

License Title	License No.	Issuing Agency / Institution	Expiration Date		Specializations / Endorsements
			Month	Year	

NOTES:

EMPLOYMENT HISTORY

Please describe your work history below, beginning with your current or most recent job. Include military and volunteer experience. You will need to include all employment experience gained within the past 10 years. If you worked for the same employer but held different jobs, please describe each separately. Describe in detail specific duties beginning with your primary duties. If you need more space, please use the employment history continuation page included in this application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. If you plan to submit a resume, you may write "see resume" in each employment section. ALL other blanks in these sections must be completed.

CURRENT or LAST EMPLOYER				YOUR JOB TITLE	
ADDRESS			DATES OF EMPLOYMENT From _____ To _____		HOURS <input type="checkbox"/> Part-time <input type="checkbox"/> Fulltime
CITY	STATE	ZIP CODE	CHECK ALL THAT APPLY <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		ANNUAL SALARY
SUPERVISOR'S NAME AND TITLE			SUPERVISOR'S PHONE NUMBER ()		MAY WE CONTACT THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE IN DETAIL YOUR JOB DUTIES: _____ _____					
DID YOU SUPERVISE OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, LIST # AND TYPE SUPERVISED # _____ Type _____		LIST ANY RELATED COMPUTER SKILLS	
REASON(S) FOR LEAVING					

CURRENT or LAST EMPLOYER				YOUR JOB TITLE	
ADDRESS			DATES OF EMPLOYMENT From _____ To _____		HOURS <input type="checkbox"/> Part-time <input type="checkbox"/> Fulltime
CITY	STATE	ZIP CODE	CHECK ALL THAT APPLY <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		ANNUAL SALARY
SUPERVISOR'S NAME AND TITLE			SUPERVISOR'S PHONE NUMBER ()		MAY WE CONTACT THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE IN DETAIL YOUR JOB DUTIES: _____ _____					
DID YOU SUPERVISE OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, LIST # AND TYPE SUPERVISED # _____ Type _____		LIST ANY RELATED COMPUTER SKILLS	
REASON(S) FOR LEAVING					

CURRENT or LAST EMPLOYER				YOUR JOB TITLE	
ADDRESS			DATES OF EMPLOYMENT From _____ To _____		HOURS <input type="checkbox"/> Part-time <input type="checkbox"/> Fulltime
CITY	STATE	ZIP CODE	CHECK ALL THAT APPLY <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		ANNUAL SALARY
SUPERVISOR'S NAME AND TITLE			SUPERVISOR'S PHONE NUMBER ()		MAY WE CONTACT THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE IN DETAIL YOUR JOB DUTIES: _____ _____					
DID YOU SUPERVISE OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, LIST # AND TYPE SUPERVISED # _____ Type _____		LIST ANY RELATED COMPUTER SKILLS	
REASON(S) FOR LEAVING					

FOR OFFICE USES ONLY:	
Date:	_____
RAP:	_____
INT:	_____

EMPLOYMENT HISTORY (cont'd)					
CURRENT or LAST EMPLOYER			YOUR JOB TITLE		
ADDRESS		DATES OF EMPLOYMENT From _____ To _____		HOURS <input type="checkbox"/> Part-time <input type="checkbox"/> Fulltime	
CITY	STATE	ZIP CODE	CHECK ALL THAT APPLY <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		ANNUAL SALARY
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE NUMBER ()		MAY WE CONTACT THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIBE IN DETAIL YOUR JOB DUTIES: _____ _____					
DID YOU SUPERVISE OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, LIST # AND TYPE YOU SUPERVISED # _____ Type _____		LIST ANY RELATED COMPUTER SKILLS	
REASON(S) FOR LEAVING					

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CERTIFICATION (Read carefully)	
<p>I certify that all information on this application is correct. I authorize the appropriate Academic Affairs Officer of this institution to verify all information contained herein for the sole purpose of qualification for teaching MOWR courses for the institution. I understand that intentionally providing false information on this application or supplemental documents is a violation of state law and may lead to disqualification for consideration. I understand that applications submitted electronically, via e-mail or similar media must be signed electronically by entering my name in the signature field provided.</p>	
<p>_____ Applicant's Signature</p>	<p>_____ Date</p>
<p>**All applications must be signed and dated. Unsigned applications will not be processed!</p>	

Wiregrass Georgia Technical College is an Equal Opportunity Employer

*As set forth in its student catalog, Wiregrass Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). Any violation or questions may be directed to: **Shalonda Sanders**, Title IX Coordinator (all campuses), Executive Director for Human Resources, Valdosta Campus, Brooks Hall, Room 548, (229) 333-5356 or shalonda.sanders@wiregrass.edu; **Katrina Royal**, Student ADA & Section 504 Coordinator (all campuses), Student Success Coordinator, Valdosta Campus, Berrien Hall, Room 107, (229) 333-2100 ext. 1236 or katrina.royal@wiregrass.edu (*student ADA & student disability claims only). Telephone numbers are accessible to persons who are deaf or hard of hearing through the Georgia Relay by dialing 711 or (800) 255-0056 from a TTY/TDD.*