

**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:

COURSE DESCRIPTION: (please attach additional paper as needed)

Send To:

**Iroquois Community Education
P.O. Box 32
Elma, NY 14059-0032
Email: dmetz@iroquoiscsd.org**