



Instructor Application

I. Applicant Information

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Home Phone:	Cellular:	Email:
Do you have any impairment which could affect your ability to perform the essential functions as a BOAF Instructor? If so, please explain.		
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II. Emergency Contact Information

Name:	Relationship:
Home Phone:	Cellular:

III. Instruction Experience

Please provide a list of classes and/or curriculum you feel competent to instruct. (Attach additional sheets as necessary.)		
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Do you have previous instruction experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below.		
School / Organization:	Dates:	
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact:	Phone:
School / Organization:	Dates:	
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact:	Phone:
School / Organization:	Dates:	
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact:	Phone:

IV. Education

High School:		City:	State:
From:	To:	Did you earn a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University:		City:	State:
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Technical / Vocational School:		City:	State:
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree / Certificate:

V. References (List three references, not related to you, whom you have known for at least one year.)

Name:		Company / Organization:	
Street Address:		City:	State: Zip:
Phone:	Cellular:	Email:	
Name:		Company / Organization:	
Street Address:		City:	State: Zip:
Phone:	Cellular:	Email:	
Name:		Company / Organization:	
Street Address:		City:	State: Zip:
Phone:	Cellular:	Email:	

VI. Employment History (Begin with your most recent job. List each job separately.)

Company / Organization:		Phone:	
Company Address:		City:	State: Zip:
Position(s) Held:		From:	To:
Supervisor:		May we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your job responsibilities:			

Employment History – (Continued)

Company / Organization:		Phone:	
Company Address:	City:	State:	Zip:
Position(s) Held:	From:	To:	
Supervisor:	May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe your job responsibilities:			

Company / Organization:		Phone:	
Company Address:	City:	State:	Zip:
Position(s) Held:	From:	To:	
Supervisor:	May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe your job responsibilities:			

VII. Applicant’s Criminal Record

Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? If yes, describe the offense, date(s), charge(s), location(s), disposition(s), and court(s). Include jail or prison sentence(s), suspended sentence(s), probation(s) served, and conviction(s) incurred. (Attach additional sheets as necessary.)

Information concerning convictions will not necessarily disqualify an applicant unless the conviction record indicates that the applicant would not be suitable as an Instructor. An applicant who falsifies the application by failing to give required information concerning convictions will be subject to dismissal.

VIII. Notice to Applicants

Instructors are approved by BOAF to provide instruction for general and specialty courses, and therefore they are not employees of BOAF. Instructors may be dismissed at any time if BOAF finds their instruction to be inadequate or their behavior, attitude, or appearance to be unacceptable.

Qualified applicants are considered for approval as Instructors by BOAF and treated without regard to race, color, religion, sex, national origin, age, handicap, marital or veteran status.

Please attach any additional information about yourself that would further explain your desire to be a BOAF Instructor.

IX. Applicant's Certification

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize BOAF to verify all information contained herein, and I release all current and past employers and all references from any and all liability for the release of information to BOAF.

I further agree and consent in advance to being summarily discharged by BOAF if any of the information provided by me contains any misrepresentations or falsifications, or if any material information has been omitted.

Applicant's Signature: _____ Date: _____

****APPLICATIONS ARE THE PROPERTY OF BOAF AND ARE NOT SUBJECT TO THE PUBLIC RECORDS LAW****

OFFICE USE ONLY

Date Application Received: _____

I. Instructor Application:

Approved Denied By: _____ Date: _____

II. Background Investigation:

Approved Denied By: _____ Date: _____

III. Course Request Form Attached:

Yes No By: _____ Date: _____