



CiHS

HIGH SCHOOL INSTRUCTOR INFORMATION FORM

PERSONAL INFORMATION			
Name (Last, First, Middle):			
Street Address:			
City:	State:	Zip Code:	
Home Ph:	Cell Ph:	Office Ph:	
Email Address:			

CURRENT EMPLOYMENT			
Employer:		Position:	
City:	State:	Date began: / /	
Subject Area(s):			
Principal:		Principal's Phone:	
Supervisor (if any):		Principal's Email:	
EMPLOYMENT HISTORY: List most recent employment first.			
Employer:		Position:	
City:	State:	Date began: / /	Date ended: / /
Subject Area(s):			
Principal:		Principal's Phone:	
Supervisor (if any):		Principal's Email:	
Reason for leaving:			
May we contact this employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer:		Position:	
City:	State:	Date began: / /	Date ended: / /
Subject Area(s):			
Principal:		Principal's Phone:	
Supervisor (if any):		Principal's Email:	
Reason for leaving:			
May we contact this employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION HISTORY					
Level of education completed (check all that apply)					
<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> Master's Degree			
<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> Juris Doctor			
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> PhD.			
<input type="checkbox"/> Other:					
Name of College / University:	City/ State:	Degree:	Dates Attended:	Credits Earned:	Major:

ADDITIONAL TRAINING & PROFESSIONAL DEVELOPMENT		
Name of Seminars/Workshop/Event:	Dates Attended:	Topic/ Certificate:

LICENSES & CERTIFICATES			
Do you hold a WA State Vocational Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
License/Certificate:	Type:	State:	Issue/Expiry Date:

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I authorize Walla Walla Community College to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. This investigation may include on-line and/ or law enforcement background checks. I authorize my listed references, past employers, and educational institutions, and anyone else who has information about my work history, education, qualifications, or fitness, to provide such information to Walla Walla Community College. I release the College and all persons providing information to the College from any liability whatsoever for obtaining and providing that information, regardless of the results.

I verify that all information on this hiring information is true and complete.

I understand that any misrepresentation, false statements or omissions on this application or on other documents submitted to Walla Walla Community College will be sufficient cause for this application not to be considered or for termination if I have already been employed.

Signature: _____

Date: _____

Name (Print): _____

**Submit to Walla Walla Community College
College in the High School
500 Tausick Way
Walla Walla, WA 99362
linda.clark@wwcc.edu
Phone (509) 524-5187**

Walla Walla Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Vice President of Human Resources/ Title IX Coordinator/Section 504 Compliance Officer; 500 Tausick Way, Walla Walla, WA 99362; 509.527.4382; titleix@wwcc.edu.