Name: ___________________________________________________________

Date: ____________________

Last       First       MI
Address: ________________________________________
City: _______ State: ____ Zip: _______

Email: ___________________ D.O.B.: _______ Driver’s Lic. # & State Issued: __________

Phone (day): _______ (evening): _______ (cell): ___________ Fax #: ___________

SS#: ___________________ or Fed Tax ID #: ___________________

Record of Education:
High School: __________ Diploma?: _______ College: __________ Degree?: _______
Certifications / Other: _____________________________________________

Course Title/Subject: ___________ Participant Age Range: _______

Number of Classes/Session: _______ Number of Hours per Class: _______

Course to be offered? (CIRCLE ONE): Weekly Semi-Weekly Other: _______

Suggested Minimum Number of Students: _______ Suggested Maximum Number of Students: _______

Course Fee to be Paid by Student (Instructor receives 60% of this fee): ___________

Days/Times you would be available to teach: ________________________________

Course Description (To be printed in the Program Guide for publicity): ____________________________________________
_________________________________________________________________________
_________________________________________________________________________

If this course needs supplies, students would need to purchase them from you. What supplies do you anticipate students needing?

How much do you anticipate the cost of supplies to be? ___________________________

Is this fee included in the Course Fee above or would you rather collect a separate supply fee on the first day of class? ___________________________

Apex Community Center can provide tables, chairs, TV/VCR, CD/DVD Player. You are responsible for transporting any other equipment needs. Any special equipment needs or other information our staff should be aware of? _____________________________________________

Please list the qualifications that will enable you to teach this course: (Please attach resume if you have one):

Have you taught this course elsewhere? _______ If yes, please provide the following information:

Location ___________________ Reference Name ___________________ Phone # ___________

Location ___________________ Reference Name ___________________ Phone # ___________

Location ___________________ Reference Name ___________________ Phone # ___________

Have you ever been convicted of a criminal offense? _______ If yes, list the nature of the offense, including date, location and disposition:

Have you ever had cause to register either nationally or locally as a sex offender? ______ Yes ______ No

Waiver: I, the above applicant, do hereby authorize and request the release of information and records to the Town of Apex, for the purpose of investigating my qualifications to work as a contracted program instructor. This authorization covers, but is not limited to, criminal records. I understand that the Town of Apex will use this information solely for evaluating my qualifications as a contracted program instructor. Note: This information must be completely filled out and returned to Apex Parks, Recreation and Cultural Resources prior to being hired as a contracted program instructor. Failure to provide complete and accurate information will exclude you from instructing.

Signed: ___________________________ Date: _______

OFFICE USE: Verification: Date: _______ By: _______ Comments: ___________

Please Return To: Laura Carraway, Program Supervisor: Apex Community Center
PO Box 250 ~ Apex, NC  27502  Phone:  (919) 249-3369  Fax:  (919) 249-3368