

## GENERAL APPLICATION TO TEACH FOR PCC COMMUNITY MARKETS

FULL NAME:
ADDRESS:
PHONE: (DAY/NIGHT/MESSAGE)
E-MAIL ADDRESS:

1) What particular types of classes, including teaching environment, format, class size, and topics, do you prefer?

2) In a short, concise paragraph, please state why you want to teach classes for PCC:

3) What particular training and/or experience do you have that specifically qualifies you to teach classes for PCC? *Include former PCC classes if applicable.* 

4) Do you have any commitments or outside responsibilities that might affect your teaching of scheduled classes? If so, please explain:

5) If you have a disability, how can PCC best accommodate you?

6) If your training includes a degree or certificate, please include a copy with this application.

7) If you have a license relating to the subject you plan to teach, please include a copy with this application.					
8) Are you a citizen or national of the U.S.?	U.S. Citizen	U.S. National	□ No		
9) Do you currently have, or can you get, a Food	d Handler's Permit?	Currently Have	🗖 Can Obtain	□ No	
References: List three persons who have direct knowledge concerning your teaching skills and knowledge of your subject. Include employ- ers, co-workers, or your former or present students.					
NAME:	PHONE:				
EMAIL ADDRESS:					
Why is this person a reference?					
NAME:		PHONE:			
NAME:					
EMAIL ADDRESS:					
Why is this person a reference?					

I understand that acceptance as an instructor is not the same as having a particular class proposal accepted for teaching placement in a particular quarter. I understand that a separate class proposal needs to be made by all instructors or prospective instructors, each quarter, for each class topic.

I certify that the above information is true and correct to the best of my knowledge and authorize verification of all statements made.

SIGNATURE: \_\_\_\_

DATE: \_\_\_\_\_

