

Contract Instructor Application

First Name Middle Name Last Name Maiden Name (If Applicable)

Address, City, State, and Zip Code

_____/_____/_____
Date of Birth DL# and State Social Security Number

Telephone Number Alternate Phone Number Email Address

Emergency Contact Relationship Telephone Number

Work Experience

1. _____
Current Employer Address Telephone Number

Job Title Employment Dates Name of Supervisor

Description of Work

Reason for Leaving

2. _____
Previous Employer Address Telephone Number

Job Title Employment Dates Name of Supervisor

Description of Work

Reason for Leaving

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for contract employment as may be necessary in arriving to an employment decision. In the event of contracting my services, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the City of Mansfield. **Candidates are subject to a Texas criminal background check prior to contract appointment with the City of Mansfield.**

Signature Date



Class Information

Title

Alternative Title(s)

Business/Organization Name

Website

Tell us about your class. Describe what will happen during a typical day in your class.

What is the objective of the class?

What are the learning outcomes? What are the benefits to taking this class?

What experience do you have teaching this class?

Awards, Achievements, Certificates, and Credentials in the Subject:

Are you CPR certified? Yes No Expiration: _____

Are you First Aid certified? Yes No Date: _____

Do you currently have participants interested in this program? Yes No If so, how many? _____

Have you taught this class before? Yes No

Where and when? _____

Desired Class Schedule

Day(s) of the week you want to teach (Circle your choices): Mo Tu We Th Fr Sa

How many weeks will the class be held? _____

Time(s) you want to teach: _____

Which session dates are you interested in teaching this course?

- Spring Session (March, April, May) - Must apply by December 1st
- Summer Session (June, July, August) - Must apply by March 1st
- Fall Session (September, October, November) - Must apply by June 1st
- Winter Session (December, January, February) - Must apply by September 1st

Students

Preferred Class Size Minimum: _____ Maximum: _____

What age group(s) are you interested in teaching?

- Pre-School Youth Teen Adult Seniors

What supplies or materials will students need to bring or wear to class?

Pricing

***Instructors receive 65% of the class fee. Please remember this when determining a class fee.**

Price you want to charge for the class: \$ _____

Are there any additional supply fees? If so, how much and what is it for?

Brochure Description

***Description may be edited for space allotment.**

Please provide a 5 sentence description of your program that will appear in the MAC's brochure. Speak to your audience so they have a sense of your excitement and a feel for the class. Be creative!
