

Community Services Department
Contract Instructor Application
 Phone 925.931.5340 | Fax 925.931.5477
 Email reclasses@cityofpleasantonca.gov

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Social Security Number (Required for payment)					
Proposed Class					
Have you taught this course before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Location			Dates		
May we contact them as a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phone: ()
Location			Dates		
May we contact them as a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phone: ()
Location			Dates		
May we contact them as a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phone: ()

EDUCATION

High School		Address			
From	To	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	
College		Address			
From	To	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Other		Address			
From	To	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	
				Degree	

REFERENCES

Please list two professional references.

Full Name		Relationship
Company		Phone ()
Address		

Full Name	Relationship
Company	Phone ()
Address	

RELATED EMPLOYMENT

Company	Phone ()
Address	
Job Title	
Responsibilities	
From	To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

NEED FOR PROGRAM

Please list all other providers of a similar program in this community:

Name: _____ Phone: _____

Summary of Service: _____

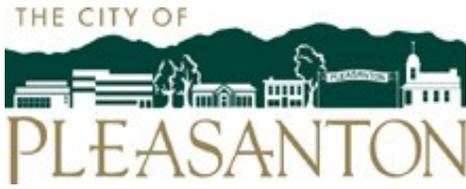
Name: _____ Phone: _____

Summary of Service: _____

DISCLAIMER AND SIGNATURE

Contract Instructors are contracted with the City to provide instruction for specialty recreation activities, and are therefore not employees of the City of Pleasanton. Contract Instructors shall be dismissed at any time if the Community Services Department finds their instruction to be inadequate or their behavior, attitude, or appearance to be unacceptable. Please attach any additional information about yourself that would further explain your desire to be a Contract Instructor. I certify that all statements in this application are true and complete. I agree and understand that any incorrect statements or omissions of material facts herein will cause forfeiture on my part of all rights to contracting with the City of Pleasanton. I release all individuals who provide information to the City from all liability regarding the use of such information.

Signature	Date
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Community Services Department Contract Instructor Proposal

925.931.5340 | 925.931.5477 Fax

(Separate forms for each class or age group)

INSTRUCTOR INFORMATION

Last Name	First	M.I.	Date
Business Name			
Street Address			Apt/Unit #
City	State	ZIP	
Phone	Cell Phone		
Web Site	Email Address		

CLASS DESCRIPTION

Title of Class
Class Description <i>(45 words maximum)</i>

AGE GROUP

SUBSECTION

<input type="checkbox"/> Preschool (ages 2-5)	<input type="checkbox"/> Adults (18-49)	<input type="checkbox"/> The Arts	<input type="checkbox"/> Exercise and Wellness
<input type="checkbox"/> School Age (6-12)	<input type="checkbox"/> Mature Adults (50 & up)	<input type="checkbox"/> Special Interest	<input type="checkbox"/> Sports
<input type="checkbox"/> Teens (13-17)			

CLASS INFORMATION

Age Min	Age Max	Min. class enrollment:	Max. class enrollment
Supply/Material fee		Items provided	
Special Room requirements			

Days	Start/End Date (s)	Start/End Time (s)	No Class Dates	# of Classes	Fee	<i>(Office Use Only)</i> Course Code

Office Use Only

Date Received	Staff Initials	CLASS Entry	Staff Initials
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