

Licenses/Certifications/Specific Skills: *(Please indicate type, registration number and the state or other licensing authority.)*

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II. TEACHING EXPERIENCE *(Begin with your present or most recent teaching experience)*

School Name/Address	Position Title	Date(s)

Course(s) Taught:

III. WORK EXPERIENCE *(Starting with the present or most recent employer. Add pages, if necessary)*

Employer:	Description of Duties:
Position Title:	
Dates: FT/PT (%):	

Employer:	Description of Duties:
Position Title:	
Dates: FT/PT (%):	

Employer:	Description of Duties:
Position Title:	
Dates: FT/PT (%):	

IV. CURRENT REFERENCES *(List names of those who may be contacted regarding your application.)*

Name	Mailing Address	Telephone Number	Email Address

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I further agree and understand that information contained in this application may be verified and that any misstatements of material facts herein may cause forfeiture of all rights to any employment with the University of Hawai'i Community Colleges. I also understand that, if selected, I must present documentary evidence to verify my employment eligibility, pursuant to the Immigration Reform and Control Act of 1986.

Date: _____ Original Signature of Applicant: _____