

COMMISSION FOR INDEPENDENT EDUCATION INSTRUCTIONAL AND ADMINISTRATIVE PERSONNEL

RETAIN A COPY OF THIS DOCUMENT IN FACULTY MEMBER'S PERSONNEL FILE.

INSTITUTION DATA

Name: _____ ID No.: _____

PERSONNEL DATA

Name: _____

Address (Residence): _____

City: _____ State: _____ Zip: _____

Business No.: _____ Residence No.: _____ Email: _____

Date of Initial Employment: _____ Full Time Part Time

Primary responsibilities or courses taught: _____

Educational Background: (Institutions shall maintain evidence of the credentials that qualify faculty members)

School Name	Location (City, State)	Month/ Year From	Month/ Year To	Major Area of Study	Certificate, Diploma, or Degree Earned

Work Experience:

Employer	Address (Street, City, State, Zip Code)	Month/ Year From	Month/ Year To	Job Title and Duties

Certifications/Licenses: (Attach a copy of faculty member's credentials)

Occupational Licenses, Certifications, or Registrations Held	State Issued	Expiration Date

Have you been employed by, involved with, or in any way related with, other educational institutions in Florida or any other state within the last ten (10) years?

Yes No If Yes, please provide specific details: name of school, location, your capacity and/or involvement.

Have you ever been known by any other name other than the one you are using on this application?

Yes No If Yes, please explain.

Notarization

State of _____ County of _____

Before me, a Notary Public, _____ personally known to me , or documentation provided _____ being duly sworn affirms that he/she will represent this institution in good faith and in compliance with the laws of the State of Florida, and authorizes the Commission to receive criminal justice information, as defined in Section 943.045, Florida Statutes, regardless of the jurisdiction in which such information originated, pursuant to Section 1005.22(1)(H), Florida Statutes, and affirms that the statements contained herein are true and correct.

Applicant Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public: _____ My Commission Expires: _____ (SEAL)