



# City of Diamond Bar Community Services Department CONTRACT CLASS INSTRUCTOR APPLICATION

A Contract Class Instructor provides instruction, in the area of the individual's expertise, for tots, youth, teen, or adult classes.

*Please type or print in ink.*

Name: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Which number(s) may be given out to the public? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security or Federal Tax ID Number: \_\_\_\_\_ (Kept confidential)

Proposed Course(s): \_\_\_\_\_

Related Educational Background and Institutions Attended: \_\_\_\_\_

### Related Experience: (Attach resume if available)

Agency:	From:
Title:	To:
Description of Duties:	

Agency:	From:
Title:	To:
Description of Duties:	

Agency:	From:
Title:	To:
Description of Duties:	

Specialized Training: \_\_\_\_\_

### References: (Work or teaching related)

Name	Title	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

As an adult, have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial) of a felony, or misdemeanor other than a minor traffic violation? If so, list what, when, where, and disposition of case on the back of this application or on an attached sheet. (Note: A criminal record does not constitute an automatic bar to acceptance as a contract class instructor, but will be considered in terms of the activities to be performed in the capacity of contract class instructor.) \_\_\_\_\_ (please initial)

As a condition of employment and in compliance with the State of California Education Code 10911.5 or Public Resources Code 5164, all independent Contractors must be fingerprinted if they work with minors (children under 18 years old). This law has been put into effect to protect and reduce risk to minors. \_\_\_\_\_ (please initial)

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Diamond Bar to investigate any information contained in this application. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal of contract. \_\_\_\_\_ (please initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Additional Instructor(s) and/or Assistant(s);

Name: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Which number(s) may be given out to the public? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security or Federal Tax ID Number: \_\_\_\_\_ (Kept confidential)

Instructing/Assisting Course(s): \_\_\_\_\_

Related Educational Background and Institutions Attended: \_\_\_\_\_

Agency:	From:
Title:	To:
Description of Duties:	

Agency:	From:
Title:	To:
Description of Duties:	

Agency:	From:
Title:	To:
Description of Duties:	

Specialized Training: \_\_\_\_\_

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Name	Title	Phone
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_