

**APPLICATION FOR APPROVAL TO TEACH
VOCATIONAL-TECHNICAL POST SECONDARY COURSES**

Specific Program and or Courses for which applicant wishes approval _____

NAME(PLEASE PRINT) _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
NUMBER STREET CITY STATE ZIP

TELEPHONE NO. _____
HOME

_____ BUSINESS SOCIAL SECURITY _____

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY ATTENDED | DATES ATTENDED | DEGREE CONFERRED | NUMBER OF HOURS OF COLLEGE CREDIT | | MAJOR | MINOR |
|---|----------------|------------------|-----------------------------------|------|-------|-------|
| | | | SEMESTER | TERM | | |
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1. Complete official transcript of all undergraduate and graduate work taken to the present time have been forwarded to the Office of Human Resources. If not, they are attached. Yes No

2. Copies of all the following Certificates of Performance such as: P.E. Licenses, Electrician, Plumber, Mason, C.P.A., etc. and/or affiliations with professional organizations received from the private or public sector—including industrial, military and/or private schools have been provided to the Office of Human Resources. If not, they are attached. Yes No

Please return to:
MACOMB COMMUNITY COLLEGE

DEPARTMENT _____

WORK EXPERIENCE (Other Than Teaching)

Important Instructions: Applicant to list below all full-time and part-time employment or occupational experience (other than teaching or school administration) in reverse chronological order starting with current or latest employment at top of list.

| Dates of Employment | | Avg. Hrs. Work (week) | Title of Position | Name and Address of Employer or Owner | Duties and Nature of Work including Supervision Responsibilities (if any) |
|---------------------|----------|-----------------------|-------------------|---------------------------------------|---|
| From Mo/Yr | To Mo/Yr | | | | |
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Attach completed Certificates of Verification of Work Experience to cover two years or 4,000 hours of this work experience. Some of this experience should have been within the last five years.