CERTIFICATION APPLICATION VE-CE 112

Western Technical College
THE ESSENTIAL EXPERIENCE

400 Seventh St. N
P.O. Box C-0908
La Crosse, WI 54602-0908

Social Security No. (Required)	Name (Last, First, Middle) Please PRINT

Position applying for:

☐ **INSTRUCTOR**: ☐ FULL TIME ☐ PART TIME
☐ CREDIT ☐ NON-CREDIT

☐ **ADMINISTRATOR** ☐ **COUNSELOR** ☐ **LIBRARIAN**
☐ **OTHER** (Please Specify): _____

Location: ☐ La Crosse ☐ Extended Campus

Contact Information:

Phone No. (_____)_____

Phone No. (_____)_____

Email Address: _____

Address: (Please PRINT)

Street: _____

City: _____ _____ _____
State Zip

EDUCATIONAL PREPARATION: Original transcripts showing degrees or credits earned at colleges, universities, or technical colleges must be submitted.

Name of Institution	Location	Dates Attended	Date Grad.	Degree	Number Credits	Major	Minor
		to					
		to					
		to					
		to					
		to					

TEACHING EXPERIENCE: Chronological - Most recent first. Do not indicate "see resume" on any part of the application form.

FROM		TO		Name of School	Location	Subjects Taught	PART-TIME	FULL-TIME
Mo.	Yr.	Mo.	Yr.					

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OCCUPATIONAL EXPERIENCE - Include Military Service (Chronological - most recent first) Do NOT include teaching experience in this section.

FROM Mo.	Yr.	**TO** Mo.	Yr.	**Total Hours**	Employer Name and Address	Title and brief Job Description – Please PRINT

List any significant professional or occupational license(s) you have and forward verification under separate cover.

I hereby certify that the data provided in this application is accurate. I authorize Western Technical College to take any steps necessary to verify this information.

Signature: _____ Date : _____

Rev.7/08