



CITY OF SAN GABRIEL
Parks and Recreation Department
250 South Mission Drive
San Gabriel, CA 91776
(626) 308-2875

CONTRACTUAL INSTRUCTOR INFORMATION

Name: _____
Last Name First Name Middle Initial

Address: _____
Address Street City Zip Code

Phone: (home) _____ (work) _____

California Driver's License #: _____ Class: _____ Expiration Date: _____

EDUCATION

High School: _____ Did you graduate? _____ Yes _____ No
Name and Location

NAME OF COLLEGE/UNIVERSITY	DATES ATTENDED	DEGREE	MAJOR	MINOR

Other languages in which you can communicate: _____

Other training you have received (i.e. workshops, seminars, work training):

Certificates or Licenses of Professional or Vocational Competence:

TEACHING EXPERIENCE

NAME OF ORGANIZATION	DATES	LOCATION	SUPERVISOR	PHONE	CLASS

CONVICTIONS

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

Have you ever been convicted of child molestation or a firearms violation? _____ Yes _____ No

If yes, list all incidents below.

CONVICTION	APPROX. DATE	CITY & STATE	SENTENCE OR PENALTY
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All answers and statements in this document are true and complete to the best of my knowledge and belief. I understand that untruthful or misleading answers are cause for termination of my contract.

Signature _____ Date _____

RECREATION CLASS PROPOSAL

Please list the specific class or classes you wish to teach: _____

Briefly describe the course(s) you wish to teach. Include the goals and objectives of the course as they relate to leisure education: _____

What would your class format be (i.e. one-time seminar, weekly, biweekly)? _____

How many students could you accept in a class? _____

What type and size facility would you need for your class? _____

Would you be interested in teaching in Fall _____ Winter _____ Spring _____ Summer _____?

How much would you charge per class, or per workshop? _____

Please list any additional information regarding the class(es): _____

