

NAME _____
(Last) (First) (MI)

MAILING ADDRESS _____
(Street)

Email Address_____

How long in assessment/appraisal field?_____

Brief description of assessment/appraisal experience (include dates & titles)_____

Presentations before the Instructor Certification Committee are scheduled for: August 5 or 6, 2025, Rocky Hill, Fire Department. You will be email date and time.

For applicants:

I would prefer to teach CCMA Course
(for course content, refer to CAAO
Handbook, Chapter 6)

1A_____

1B_____

2A_____

2B_____

3_____

Reval_____

Other_____

(If more than one, number by preference)

Any specific area of expertise, special skills or training?

Signature

Date

Email applications to:

thutvagner@newbritainct.gov

OR

stopliff@hebronct.com