

CCMA INSTRUCTOR APPLICATION/RESUME

NAME _____
(Last) (First) (MI)

EMPLOYER _____ **DEPT/TITLE** _____

MAILING ADDRESS _____
(Street)

_____ **TELEPHONE** _____
(City) (State) (Zip)

Email Address _____

How long in present position? _____ Full Time _____ Part Time _____

How long in assessment/appraisal field? _____

CCMA Certificate # _____ Year of Certification/recertification _____

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

Any previous instructing experience: _____

Presentations before the Instructor Certification Committee are scheduled as needed.

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:

w.gaffney@cityofshelton.org

thutvagner@newbritainct.gov