



CITY OF ESCONDIDO
 Community Services Department
 201 North Broadway
 Escondido, CA 92025-2798
 Phone: 760 839-4691
 Fax: 760 739-7020



CONTRACT INSTRUCTOR INFORMATION FORM

Name: _____
Last Name First Name Middle Initial

Address: _____
Address Street City Zip

Home Phone () _____ Cell Phone () _____

Fax () _____ E-mail _____

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

City of Escondido Business License Number: _____

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 teach in: _____

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 a child molestation or firearms violation? Yes No
If yes, list all incidents below.

CONVICTION APPROX. DATE CITY & STATE SENTENCE OR PENALTY

Contractors and their subcontractors and/or employees who work with minors are required to submit fingerprints for a background check before contracts will be approved. In addition, a supplemental questionnaire to comply with Public Resources Code 5164 must be completed.

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 _____

LEISURE EDUCATION CLASS PROPOSAL

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

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

(Attach additional sheets if necessary)

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

How many students could you accept in a class? _____

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

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

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

Please list any additional information regarding the course(s) you feel necessary: