ADULT EDUCATION TEACHING APPLICATION

Name:		Date:		
Address:	Town:	State:	Zip:	
Phone (Home #):	(Work #):	(E-Mail Address):		
•	lude your resume (or equivalent d eggy Bruno, Director of Adult Ed ningeducation@gmail.com			

If upon review of your course description, it fits an upcoming need, you will be contacted to interview.

Additionally, we will also need you to fill out Connecticut and Federal W-2 forms or a W-9 form, plus the Federal I-9 form. We will need a photocopy of your Social Security card and driver's license for our payroll regulations if you are a W-2 employee. This sequence is required before a course can be placed in the brochure.