ADULT EDUCATION TEACHING APPLICATION

Name: _____ Date: _____

Address: _____ Town: _____ State: _____ Zip:_____

Phone (Home #): _____ (Work #): _____ (E-Mail Address): _____

Interested in Teaching? Include your resume (or equivalent description of your experience) brief description of your course idea and send it to Peggy Bruno, Director of Adult Education, 90 East Ridge Road, Ridgefield, CT 06877 or email it to ridgefieldcontinuingeducation@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 a Federal W-9 form, plus the Federal I-9 form. We will need a photocopy of your Social Security card and driver's license. This sequence is required before a course can be placed in the brochure.