

COMMUNITY EDUCATION

GREAT NECK PUBLIC SCHOOLS, 30 CUMBERLAND AVE., GREAT NECK, NY 11020

Phone: (516) 441-4949 - Fax: (516) 441-4937 – gncontinuinged@greatneck.k12.ny.us

Dear Applicant,

Thank you for your interest in teaching in our Community Education Program at Cumberland. We strive to offer a wide variety of classes, and look forward to your course proposal(s).

Please complete the following two forms. We will then process your application. If we feel that your course offering would enhance our program, we will contact you to arrange for an interview.

Thank you.

Samantha Tarantola

Samantha Tarantola
Director of Community Education

Job Application

Applicant Information

Applicant Name _____
Address _____
City, State and Zip Code _____
Telephone Number _____
Email Address _____
Date of Application _____

Employment Position: Instructor

How did you hear about the program? _____

What areas do you feel qualified to teach? _____

Salary Desired (per hour rate): _____

Have you ever applied to the program for employment before? Yes / No

Do you have any friends or relatives currently working for the program? Yes / No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

College or University

Name	Location	Degree Earned	Year

Vocational School/Specialized Training

Name	Location	Degree Earned	Year

Previous Employment

Employer Name: _____

Job Title: _____

Address: _____

Dates Employed: _____

Employer Name: _____

Job Title: _____

Address: _____

Dates Employed: _____

References: (Please provide 2)

Name - Position	Contact Information

Course Proposal

Please tell us about your course:

Course Title: _____

Course Description: (45-120 words)

What is the maximum number of students you would like? _____ **Minimum number?** _____

How many sessions will be needed to complete the course? _____

Preferred day and time:

(Please indicate in preference order.)

Select from:

Monday – Saturday - Morning, Afternoon, or Evening

Monday – Thursday – Evening

1. Preference #1 Day _____ Time _____
2. Preference #2 Day _____ Time _____
3. Preference #3 Day _____ Time _____

What special equipment would you need in the classroom?

What materials would students be responsible for purchasing on their own? _____

What would these materials cost? _____

Should students bring these materials to first session? Yes / No

What materials would the program purchase for student use? _____

What would these materials cost? _____

Instructor Biography: (5-7 sentences)
