

University of Hawaii - Maui
Office of Continuing Education and Training - OCET

310 Ka'ahumanu Ave.
Kahului, Hawai'i 96732
Tel: 808-984-3231 Fax: 808-244-9632

Application For Trainer Position, Non-Credit Program

NOTE: Please complete this application and include your resume. Any information listed in your resume need not be duplicated in this application.

Name: _____ Social Sec #: _____

Mailing Address: _____

Telephone #: _____ Business telephone #: _____

Cell #: _____ Pager #: _____

E-mail address: _____ Fax #: _____

If you want to be paid through a business please give us the following information:

Business Name: _____ Fed. ID#: _____

Employment Background

Present Position: _____

Position/Title: _____ Location: _____

Description of Responsibilities: _____

Related Work Experience (list chronologically any work experience related to the areas which you propose to teach):

Organization	Position/Title	Location	Full/Part-Time	Date
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Teaching Experience:

Organization	Position/Title	Location	Full/Part-Time	Date

Educational Background:

Name and location	Course of Study	Year Graduated
High School: _____		
College: _____		
Other Training: _____		

Teaching Credentials Held (including vocational certificates):

Type of Certificate	State	Date of Expiration

Significant Professional Activities:

(including memberships, research projects, and professional organization memberships)

1. _____
2. _____

Significant Community Service Activities:

(including memberships in civic and community organizations):

1. _____
2. _____

References:

(List below those individuals who may be contacted regarding your ability and character):

Name/Position	Address	Phone
1. _____		
2. _____		
3. _____		

Applicants may submit other materials that may be of assistance in evaluating their qualifications.

I certify that the information included in this Application is true and complete to the best of my knowledge

Signature of Applicant

Date

University of Hawaii - Maui

Course Title: _____

Trainer: _____ Phone #: _____

Which program is the best fit for your class? Please check one program area.

- Business
- Computer/Technology
- Personal Enrichment

Course Description:

Please describe your course. Be specific - list information to be covered and the benefits of taking the course. If your class is designed for a particular audience, please specify. Indicate prerequisites and any information or materials participants should bring. (APPROXIMATELY 50-60 WORDS MAXIMUM)

Biographical Sketch:

Please write a brief description of your background especially as it applies to your ability to teach this course. (35 WORDS MAXIMUM)

*Your description and biographical sketch may need to be edited

Learner Outcomes:

Please list the knowledge and skills participants will have after completing this class (Use additional paper as needed.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____

Course Outline/Syllabus:

Please provide an outline of the main subjects to be covered and the approximate amount of time to be spent on each subject. This should be created on a separate sheet/s/ of paper.

Proposed # Hrs. of Training: _____
#of Meetings: _____ Day/Evening/ Either

Days/Dates you are AVAILABLE to teach this course:

Maximum # of students: _____
Minimum # of students: _____

Textbooks, Audio Visual Equipment or Materials Needed: _____

Trainer: _____ Date: _____