



INSTRUCTOR APPLICATION

Please complete and return to Community Services
343 Ocean House Road, Cape Elizabeth, ME 04107
Email cservices@capeelizabethschools.org
Fax 207-799-1841 • Phone 207-799-2868

New Instructor Returning Instructor

Name _____

Address _____

Email _____ SSN/EIN _____

Primary Phone _____ Secondary Phone _____

Educational Background/Experience (pertaining to course proposal) Resume Provided

References

Name _____ Phone/Email _____

Name _____ Phone/Email _____

Name _____ Phone/Email _____

Staff Use Only. Received Criminal Background W - 9 Federal W - 4 State W - 4 I - 9

