

CPOW INSTRUCTOR APPLICATION FORM

SECTION 1: PERSONAL INFORMATION

Name:		Are you 18+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company:		Referred by:	
Mailing Address:			
Physical Address:			
Phone No:		Email Address:	

SECTION 2: COURSES DESIRED

Course(s) You Want to Teach:			
Are you able to travel for In-Person Courses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you able to teach via Zoom for Online Courses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you taught OWTS or other courses in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when:			

SECTION 3: EDUCATION HISTORY

HIGH SCHOOL

Name & Location	Years Attended	Diploma

COLLEGE OR EQUIVALENT COURSES

Name & Location	Years Attended	Degree

TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL

Name & Location	Years Attended	Degree

CPOW INSTRUCTOR APPLICATION FORM

SECTION 4: GENERAL INFORMATION

Subject of Applicable Study/Research Work:			
Special Training:		Public Speaking Experience:	

SECTION 5: WORK EXPERIENCE

Do you work in the OWTS Industry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many years of experience:		Sector(s):	
NAME & ADDRESS	DATES EMPLOYED	POSITION	REASON FOR LEAVING

SECTION 6: REFERENCES

NAME	EMAIL	BUSINESS	YEARS ACQUAINTED

SECTION 7: ACKNOWLEDGMENT OF INFORMATION PROVIDED

APPLICANT STATEMENT

An acknowledgment of the truthfulness of the information provided.

Signature of Applicant	Date:

CPOW INSTRUCTOR APPLICATION FORM

OFFICIAL USE ONLY			
INTERVIEWER'S REMARKS			
Date:		Interviewed by:	
Recommendation:			
APPROVALS			
Educational Director Signature		Executive Director Signature	
Date:		Date:	