



Rhode Island Construction Training Academy



2024-2025 INSTRUCTOR APPLICATION (Please complete all information if applicable)

NAME _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS _____
STREET CITY / STATE ZIP

PHONE NUMBER () CELL NUMBER ()

CELL PHONE CARRIER Verizon Sprint AT&T Other _____

EMAIL _____ @ _____ BIRTHDATE ____ / ____ / ____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____
PHONE NUMBER () _____

Trade Applying For _____
Any Previous Education/Instructor Experience? Yes No Other _____

EDUCATION

Name & School Location	Major	Dates	Did you graduate?
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
Trade School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
College:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

BEGIN WITH PRESENT JOB AND LIST BACKWARDS

Month/Year	Employer (name, address)	Position	Reason for Leaving

Do you know others who might be interested in becoming an instructor?

Name: _____ Phone Number: _____ Trade: _____

ACKNOWLEDGEMENT

By signing this application, it verifies that all the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____