SCHEV James Monroe Building 101 North Fourteenth Street Richmond, Virginia 23219



Phone: (804) 225-2600 Fax: (804) 225-2604 TDD: (804) 371-8017 Web: www.schev.edu

Instructor Qualification										
				Per	sonnel Data					
Full Name:	Loot			Tirat			141	Date:		
Last				First			M.I.   Work Cell #: ( )			
Phone: Work Fax: (	<u> </u>				E-mail Address:		VVOIK	<i>у</i> еп #.		
Date of Initial	<u> </u>				z-maii Address.					
Employment:			Full Time	e: [		Part	Part Time:			
Name of Sch	ool (Employer	):								
Courses that	t will be taught									
					ducation					
Institution Attended			duated?	Certificate, Diploma					Dates Attended From To	
(Name plus cit	y & state of location	n) Yes	No	or	Degree Earned	Мајо	r Area of	Study	(Mo./Yr.)	(Mo./Yr.)
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			Teachi	ng and	d or Work Experi	ence				
Employer						Job T	itle:			
Address:										
Subject										
Taught : Job Duties or	.									
Responsibiliti										
Length of Wo Experience	ork	From:			To:					
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Employer						Job T	itle:			
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Address: Subject										
Taught: Job Duties of	r									
Responsibiliti	es:									
Length of Wo										
Experience:		From:			To:					
Attack core	roto obcat with	additional	work syst	rion -						
Attach separ	rate sheet with	additional	work expe	rience						

Other Relevant Experience								
Other Relevant Experience								
Certifications/Licenses: (Atta	ch a copy of faculty member' credent	ials)						
Softmoutons/Electrocs. (Alla								
Occupational Licenses, Certifications or Registrations Held	State Issued	Expiration Date						
Verification of Overliff action (OCUE)								
Verification of Qualification (SCHEV regulations require faculty the qualification that apply and at	members to have at least one of the tach the supporting documentation.)	qualifications listed below. Indicate all						
Faculty teaching A.A.S or A.O.S level:								
Associate degree from an accredited college/university in discip official transcript)	ine being taught if teaching occupation	onal/technical courses (attach copies of						
Baccalaureate degree from an accredited college/university plus education courses ( attach copies of official transcript)	at least 18 graduate credits in discip	line being taught if teaching general						
Qualifies for faculty appointment by virtue of scholarly or profess								
— Dasis this determination was made <b>plus</b> any documents that su		opies of certificates held, licenses)						
Faculty teaching on college-transfer program at the Asso  Baccalaureate degree from an accredited college/university from		liscipline being taught ( attach copies						
of official transcript)	-							
	Baccalaureate degree from an accredited college/university plus at least 18 graduate credits in discipline being taught if teaching general education courses or in programs in the liberal arts and science (attach copies of official transcript)							
Qualifies for faculty appointment by virtue of scholarly or profess basis this determination was made <b>plus</b> any documents that su								
Faculty teaching on Baccalaureate level:	sport the appointment e.g. resume, of	opies of certificates field, ficefises)						
Master's degree from an accredited college/university in disciplin	ne being taught ( attach copies of office	cial transcript)						
Master's degree from an accredited college/university plus at least 18 graduate credits in discipline being taught if baccalaureate degree is in a different discipline ( attach copies of official transcript)								
Qualifies for faculty appointment by virtue of scholarly or profess basis this determination was made <b>plus</b> any documents that su	ional achievement (attach letter from	school director documenting on what						
Faculty teaching on Master's level:	pport the appointment e.g. resume or	vitae, list of scholarly publications, etc)						
Doctoral or other terminal degree in discipline being taught from	an accredited college/university ( att	ach copies of official transcript)						
Qualifies for faculty appointment by virtue of scholarly or professional achievement (attach letter from school director documenting on what								
basis this determination was made <b>plus</b> any documents that support the appointment e.g. resume or vitae, list of scholarly publications, etc)  Faculty teaching technical courses for career-technical programs not leading to a degree and not offered as degree credit:								
Associate degree from an accredited college/university related t								
Two years of technical/occupational experience in the area of te	· · ·	• ,						
	J 11 7 (							
Disclaimer	and Signature							
I certify that the foregoing statements are true and complete to the information may result in my release.	e best of my knowledge. I under	stand that false or misleading						
anomalion may room my rooms.								
Signature of Applicant:	Date:							
Signature of Applicant: Date:								
As an authorized asheal official I have associately reviewed and ve	ifical the graphic actions of the comm	Javas and his the metataments						
As an authorized school official, I have carefully reviewed and ver- contained on this application. To the best of my knowledge and b								
the State Council of Higher Education for Virginia. I understand false and misleading information may result in the suspension and/or								
revocation of the school's Certificate to Operate, pursuant to § 23.276.6 of the Code of Virginia.								
Signature: Date:								

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## **Background Check Profile Form**

Personal Data - this form must accompany one of the following SCHEV forms:								
	ne Acknowledgement for Posts alification form; and ator form	secono	dary Institutions					
Full Name:						Suffix:		
Last	First	First		Middle				
Alternate First Name:			Alternate/Maiden L	ast Name:				
Full Social Security Number			Date of Birth:					
Phone # : ( )		E-n	nail Address:					
Current Residential Address :  Previous Residential Address :								
Disclaimer and Signature								
I certify that the foregoing statements are true and correct. I do hereby agree, consent and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon request of the State Council of Higher Education for Virginia. I do hereby agree and permit the State Council of Higher Education for Virginia to obtain from any person or entity information relating to my personal background, reputation, and character, and do hereby expressly direct that any such person or entity release such information upon the request of the State Council of Higher Education for Virginia, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising thereof.								
Signature of Applicant:			_ Date:					

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