

Instructor Biosketch Form

Gus George Law Enforcement Academy



PERSONAL INFORMATION

Last Name

First Name

Rank/Title

Last 4 of
Social

P.I.D.

Date of Birth

Home Address or Contact Address

City

State

ZIP

Contact Phone

Contact Phone

Email Address

QUALIFICATIONS

Instructor Certification

Instructor Certification

Instructor Certification

Instructor Certification

Instructor Certification

Instructor Certification

Instructor Certification

Instructor Certification

SUBJECT OF INSTRUCTION

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EDUCATION ACHIEVED

Highest Education Achieved

LE Licenses and/or Certifications

LE Licenses and/or Certifications

LE Licenses and/or Certifications

LE Licenses and/or Certifications

CURRENT EMPLOYMENT

Agency Name

Agency Address

City

State

ZIP

Supervisor

Supervisor's Email

Position Held

Length of Time in Current Position

Length of Time with Agency

Duties

PROFESSIONAL ASSOCIATIONS

Association

Title

Effective Date

Association

Title

Effective Date

Association

Title

Effective Date

Association

Title

Effective Date

MISCELLANEOUS

OTHER PERTINENT INFORMATION

MISCELLANEOUS INFORMATION