

Name:

Date Completed:



Food for Life Nutrition & Cooking Classes

INSTRUCTOR INFORMATION UPDATE FORM

It is your responsibility to notify us should any of the information requested below change or need to be updated. Thank you for your cooperation.

CONTACT INFORMATION

Name

FIRST

MIDDLE INITIAL

LAST

ANY OTHER NAME(S) KNOWN BY

Address

STREET ADDRESS

CITY

STATE

ZIP CODE

Telephone number(s)

HOME

MOBILE

OTHER

E-mail address

NUTRITION/COOKING BACKGROUND

Please note any nutrition or health-related degrees, certifications, professional designations, licenses, etc. (see examples below), along with the name of the issuing entity, the state/jurisdiction of issuance, the date the license/certification was first obtained, and any identification numbers or expiration dates.

RD?

Nurse Professional?

MD?

DO?

Other? Please identify:

Please describe any nutrition-related experience or education obtained since you first applied to be a Cancer Project cooking instructor.

Please describe any cooking experience obtained since you first applied to be a Cancer Project cooking instructor (other than teaching Cancer Project cooking classes).

CURRENT EMPLOYMENT

Do not exclude any employment. Include temporary and/or U.S. Military service.

Name of employer: _____ Employed since: _____

Address of employer: _____

Title: _____ Name of supervisor: _____

Supervisor's or Human Resources' phone number: _____ May we contact this employer? _____

Name of employer: _____ Employed since: _____

Address of employer: _____

Title: _____ Name of supervisor: _____

Supervisor's or Human Resources' phone number: _____ May we contact this employer? _____

PROFESSIONAL BACKGROUND

Have you ever been terminated from or resigned from a clinical or professional training program? If so, provide all pertinent details.

Have you ever withdrawn or had rejected an application to practice your profession? If so, provide all pertinent details.

Has your professional license ever been suspended or revoked? If so, provide all pertinent details.

Have you ever voluntarily surrendered a license or privileges after formal charges have been filed against you or while under investigation? If so, provide all pertinent details.

Have you ever been party to a malpractice action or had a malpractice action brought against you? If so, provide all pertinent details.

Have you ever been terminated from employment due to practice issues? If so, provide all pertinent details.

AUTHORIZATIONS

Are you over the age of 18? (If no, you may be required to provide authorization to work.) Yes No

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required.) Yes No

Have you been convicted of a crime other than a minor traffic offense? Yes No

If yes, list convictions that are a matter of public record (Arrests are not convictions. A conviction will not necessarily disqualify you. Rather, such factors as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered.).

Initials: _____

CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if contracted, falsified statements on this form shall be grounds for termination of the contractual relationship. I authorize investigation of all statements contained herein and release all parties from all liability for any and all damage that may result from utilization of such information.

Signature: _____ Date: _____

APPLICATION INSTRUCTIONS

Please return this application along with a copy of your résumé and your video clip to The Cancer Project at:

The Cancer Project
RE: Cooking Instructor Application
ATTN: Human Resources
5100 Wisconsin Avenue, NW Suite 400
Washington, DC 20016

For questions, please contact the Human Resources department at:

Phone: (202) 686-2210
E-mail: cook@CancerProject.org