



**APPLICATION FORM  
SSPC INSTRUCTOR**

**Name of Instructor:** \_\_\_\_\_

**PURPOSE**

The purpose of this form is for members of SSPC: The Society for Protective Coatings to apply to instruct courses produced by SSPC or delivered at an SSPC event.

PLEASE ATTACH ANY DOCUMENTATION THAT WILL SUPPORT YOUR APPLICATION.

**Which SSPC Course are you interested in teaching?**

\_\_\_\_\_

**1. GENERAL INFORMATION**

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Shirt size? \_\_\_\_\_

## 2. PROFESSIONAL EXPERIENCE

Please specifically describe in what way your work experience relates to your technical ability to present the subject matter course. (You may attach additional sheets if necessary.) Please list all of the places that you have worked in chronological order. Also, show your job titles and areas of responsibility.

### Industry Experience

**Employer's Name** \_\_\_\_\_  
Location \_\_\_\_\_  
Division/Dept. \_\_\_\_\_  
Job Title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Number of Years Experience \_\_\_\_\_  
Supervisor Name or Other Company Officer Who Can Provide Reference \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_

**Please list your work Experience related to Technical Ability:**

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**Employer's Name** \_\_\_\_\_  
Location \_\_\_\_\_  
Division/Dept. \_\_\_\_\_  
Job Title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Number of Years Experience \_\_\_\_\_  
Supervisor Name or Other Company Officer Who Can Provide Reference \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_

**Please list your work Experience related to Technical Ability:**

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**Employer's Name** \_\_\_\_\_  
Location \_\_\_\_\_  
Division/Dept. \_\_\_\_\_  
Job Title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Number of Years Experience \_\_\_\_\_  
Supervisor Name or Other Company Officer Who Can Provide Reference \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_

**Please list your work Experience related to Technical Ability:**

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**3. Teaching Experience**

Please give us your experience as an instructor or lecturer in the subject matter contained in the course you wish to instruct. Address topics presented, lab demonstrations, frequency of course presentations in the subject matter of this course, etc. You may attach additional sheets if necessary.

**Organization Offering Course** \_\_\_\_\_  
Division/Dept. \_\_\_\_\_  
Course Title \_\_\_\_\_  
Dates of Presentation - From / to /  
  
Number of Hours of Training Presented \_\_\_\_\_  
  
Description of Students Taught (e.g.. Specifiers, Applicators)

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**Organization Offering Course** \_\_\_\_\_  
Division/Dept. \_\_\_\_\_  
Course Title \_\_\_\_\_  
Dates of Presentation - From / to /  
  
Number of Hours of Training Presented \_\_\_\_\_  
  
Description of Students Taught (e.g.. Specifiers, Applicators)

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**Organization Offering Course** \_\_\_\_\_  
Division/Dept. \_\_\_\_\_  
Course Title \_\_\_\_\_  
Dates of Presentation - From / to /  
  
Number of Hours of Training Presented \_\_\_\_\_  
  
Description of Students Taught (e.g.. Specifiers, Applicators)

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**4. EDUCATION - Use additional sheets if necessary.**

**A. General**

**Degree Awarded, Institution, City, Year**

Associate's Degree \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_

Master's Degree \_\_\_\_\_

Doctorate \_\_\_\_\_

**B. Coatings-Related Training Courses Attended**

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**C. Lead-Related Training Courses Attended**

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**D. Other Related Training** - i.e., Health and Safety, Corrosion

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**E. Instructor Courses Attended** - i.e., Train the Trainer

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**Course Title** \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

Course Title \_\_\_\_\_

Organization Sponsoring Course \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Certification or CEU \_\_\_\_\_

**F. Certifications, Accreditations**

**Issuing Organization** \_\_\_\_\_

Date Received \_\_\_\_\_

Latest Renewal \_\_\_\_\_

Cert ID Number \_\_\_\_\_

**Issuing Organization** \_\_\_\_\_

Date Received \_\_\_\_\_

Latest Renewal \_\_\_\_\_

Cert ID Number \_\_\_\_\_

**5. REFERENCES**

Please give us three references who can answer questions about your teaching competence and professional experience for the courses you wish to instruct. All references must have first hand knowledge of your teaching competence and professional work experience in the subject matter contained in the course. One reference must be a work related supervisor, past supervisor, or client.

**Name of Reference No. 1** \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

**Name of Reference No. 2** \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

**Name of Reference No. 3** \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

**6. DO YOU SPEAK OR WRITE A FOREIGN LANGUAGE FLUENTLY? IF YES, WHICH ONES?**

YES[  ] NO[  ] If yes, which language? \_\_\_\_\_



**7. BACKGROUND**

Have you ever been fired or asked to resign from a job? YES[ ] NO[ ]

If yes, explain:

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**Have you ever pleaded guilty to or been convicted of any crime other than a misdemeanor or summary offense? YES[ ] NO[ ]**

**If yes, please give details of the offense.** List every felony conviction with date and jurisdiction. List all other convictions involving assault, arson, unlawful restraint, burglary, robbery, forgery, and any other convictions for offenses against persons or property. It is your responsibility to ensure that all convictions are properly reported. Conviction of a crime is not an automatic bar to instruct. All circumstances will be considered. List any circumstances that you believe should be considered.

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**8. OTHER ITEMS YOU WOULD LIKE SSPC TO CONSIDER**

Please give SSPC other items that you would like us to consider in the evaluation of your application (include any additional information that you feel may help SSPC, such as awards, honors, published papers, membership in other associations, reasons for wanting to become an instructor, etc.). Attach additional sheets if necessary.

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**9. APPLICANT STATEMENT**

**PLEASE READ AND ACKNOWLEDGE THE FOLLOWING STATEMENT BY  
INITIALING AFTER EACH PARAGRAPH AND SIGNING BELOW**

I certify that the information provided on this application form is true and complete. I give SSPC permission to contact the references I have stated in my application, and I have asked those references to provide a true and accurate recommendation. I have read and understand all portions of this application. I also understand that submission of an incomplete application may delay processing of my application and that I may be required to resubmit materials that are incomplete or need further clarification.

My signature and initials below indicate that I have read, understand and agree to the following:

**(Please initial each statement)**

- I have provided true and complete information in this application. Incomplete or false information, whenever discovered, may terminate my employment or consideration for employment. \_\_\_\_\_
- I authorize SSPC to verify my suitability for instructor status and the information provided in this application with any person or organization listed in this application. \_\_\_\_\_
- In exchange for SSPC's consideration of this application, I release SSPC and any persons, employers or organizations listed in this application from all claims or liability for providing information or opinions to SSPC. \_\_\_\_\_
- This application does not create a contract or a guaranty of instructor status for any period of time. Instructor Status at SSPC continues only as long as both I and SSPC desire. Any modification of this arrangement must be in writing and signed by the Director of Training and Certification at SSPC. \_\_\_\_\_
- No representative of SSPC has made any representations or promises regarding my instructor status. \_\_\_\_\_
- If approved as a SSPC instructor, I will follow all of SSPC policies. My failure to do so could result in termination of my instructor status. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_