

A-2 – ADMINISTRATOR/DIRECTOR INFORMATION

IDENTIFYING INFORMATION				
NAME:		TITLE:		
TELEPHONE NUMBER:		E-MAIL ADDRESS:		
ADDRESS:				
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR:				
EDUCATION				
THE HIGHEST GRADE LEVEL YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12:		HIGH SCHOOL GRADUATE: YES NO		PASSED HIGH SCHOOL EQUIVALENCY TESTS: YES
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED
MANAGEMENT EXPERIENCE				
Type	Title	Date Started	Date Ended	Reason for Leaving
DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YES NO IF YES, COMPLETE THE FOLLOWING:				
Type	Period Held		Issuing Agency	
WORK EXPERIENCE				
BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCE WHICH INDICATES COMPLIANCE WITH LICENSING REGULATIONS AND/OR CERTIFICATION STANDARDS.				
Dates	Name and Address of Employer	Duties		Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				

Signature: _____

Date: _____