



Voluntary Faculty Data Form

District/College Owensboro Community & Technical College

High School _____ **Program Area** _____

Period of Appointment _____ (max of 3 years)

Initial Appointment _____

Name _____ **Social Security #** _____

Address _____

City, State, Zip _____

Date of Birth _____

Academic Preparation

College, Universities and Specialized Schools attended	Degree or Certification received	Date	Major Field

Professional Experience (List Most Recent First)

Location and/or Institution or Agency	Inclusive Dates	Type of Experience (Internship, residency, job title, etc.)

Certification and/or Licensure

Kentucky _____ **Year** _____ **Number** _____

Other State _____ **Year** _____ **Number** _____

Other _____

Do you have professional liability insurance? Yes No

Signature **Date**