



### GJARA Instructor Application

#### POLICY REGARDING APPROVING INSTRUCTORS TO TEACH AT GJARA

Instructors for consideration of approval to teach as a GJARA instructor shall complete the following process.

- Complete and submit the Instructor Application
- Complete an interview with Education Committee
- Prepare and teach a 30-minute segment of a class
- Arrange for an approved GJARA Instructor to audit 2 hours of a session the applicant is teaching

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

#### Professional License History

License # \_\_\_\_\_ State: \_\_\_\_\_

Any violations of Regulations? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

#### REALTOR® History

Primary Association \_\_\_\_\_ State: \_\_\_\_\_

Any violations of Membership Guidelines, MLS Rules or Ethics? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**INSTRUCTOR HISTORY**

Company \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Courses \_\_\_\_\_ Years  
instructing \_\_\_\_\_

**Disclaimer and Signature**

*Please attach current resume and bio for review.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to an agreement, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Verification of Licensure: \_\_\_\_\_ Verification of REALTOR® Status: \_\_\_\_\_

References verified:

Class Audited: \_\_\_\_\_  
Class Title \_\_\_\_\_ Date \_\_\_\_\_ Auditor \_\_\_\_\_

Review of Audit submitted: \_\_\_\_\_

Committee Interview Date: \_\_\_\_\_

Committee Presentation Date: \_\_\_\_\_ W-9on file: \_\_\_\_\_