# CTE Initial Vocational Application

**Please read the directions carefully**. Failure to complete as directed may result in your application being returned, or your credential application being denied. This application may be completed electronically or hand written.

This Application is to be submitted back to the Department Chair or Supervisor within 30 days of official date of hire.

**Section 1: Personal Information and Education - Page 3.**

1. Include your S# (this is your student ID number issued through HR- not your SSN).
If you have not been issued an S# please reach out to your Department Chair or Supervisor. **Do not submit this form without an S#.**
2. Complete all personal information. Email address must be included.
3. Include the name of the program in which you were hired to teach. *You do not need to complete the credential name. The credentialing officer will determine this.*
4. Indicate your employment status.
5. Complete the educational portion outlining all degrees and certificates.
6. Sign and Date.

**Section 2: Occupational Verification Form - Page 4.**

You are required to provide all relevant occupational experience within the past 7 years (except for health professions which must be within the past 5 years). Only occupational experience related to the pathway in which you were hired to teach is required to be submitted. You must prove 4000 hours of relevant occupational experience (2000 hours if you hold a Bachelor’s Degree or higher in the pathway you are teaching in, except for health professions which must prove 4,000 hours regardless of degree).

A copy of the *General Occupational Verification Form* is to be sent to the employer(s) (either paper copy or electronically). Additional copies of the “General Occupational Experience Verification Form” are available on the *Portal – Forms Tab- Faculty – Credentialing or under Forms Tab- D-F- Faculty Credentialing.*

You may also make additional photo copies of the Form provided with this application to be completed by hand.

***Do not fill this section out for self-employment, go to Section 3 if you were self-employed.***

1. Sign the Authorization Consent for the employer to release the required information prior to sending to the employer(s).
2. Forward the Occupational Verification Form (either paper copy or electronically) to your current and/or past employers. They are to complete the Form and return it to you.
The credentialing officer will not accept Occupational Verification Forms from the employer directly. They must be submitted with the application.
3. The Occupational Verification Form must be completed in its entirety.
4. All occupational experience will be verified by the credentialing officer. It is incumbent upon the applicant to prove employment. PCC will not pay to verify employment. If the employer uses a web based service the applicant will be required to pay for the service and print the information to submit, or provide another means of verification (e.g. pay stubs, W-2’s, letters of verification).

**Section 3: Self-Employed- Occupational Verification Form - Page 4.**

If you were self-employed in a relevant pathway within the last 7 years (5 years for health professions), you are to complete the information in this section.

Please follow the directions outlined in this section.

1. Indicate whether the self- employment was full time or part time.
2. Please complete the total number of hours worked, (same requirement of hours are required as stated above).
3. Give the name of your company or a description of duties.
4. Include proof as indicated.

**Section 4: Certification page - Page 6**: Complete the check list and sign the certification page certifying that information presented in the Application is correct and complete.

**Section 5: Department Chair/Supervisor- Initial CTE Vocational Credential Checklist - Page 7:**

1. This portion of the Application s to be completed by Department Chair or Supervisor and signed.
2. Failure of Department Chair or Supervisor to complete form may will result in credential being rejected or returned.

## Initial CTE Credential Application

### Section 1: Personal Information

Faculty First Name: Middle Initial: Last Name:
Previous/Other Names:

S # (not SSN) :

If you have not been issued an S# please leave blank. Do not put your SSN.

Date of Birth: Email Address:

Street Address: City: State: Zip

Phone #: Phone # (Alternate):

Select which applies to your employment status: [ ]  Full-time Faculty [ ]  Part-time Instructor

Program Name you will be teaching in:

Credential name (to be filled out by credentialing officer):

Education: You are required to provide copies of your transcripts. At the time of hire, your supervisor should have requested a copy of your transcripts and resume’ to attach to the Request to Hire (RTH). Please check with your supervisor as to whether they submitted this information. If they did, you do not need to resubmit this information. It is your responsibility to ensure that this information has been sent to the credentialing officer or attached.

Attach all copies of state or federal registrations, licenses, certificates, or journeyman’s card if applicable.

***Official transcripts are to be sent directly to HR within 30 days of hire. Failure to submit transcripts will result in employee not being allowed to teach in future terms.***

(Send official transcripts to PCC Human resources, 900 W. Orman Ave, Pueblo, CO 81004, or PCCHR @pueblocc.edu).

**List the Name of Colleges or Universities attended below:**
(Include special training and/or military training that applies)

Name of College or University attended:

Date Attended: Certificate or Degree:

Name of College or University attended:

Date Attended: Certificate or Degree:

Name of College or University attended:

Date Attended: Certificate or Degree:

Applicants Signature: Date:

### Section 2: General Occupational Experience Verification Form

This form may be filled out electronically or hand written.

Additional copies of this electronic form may be found on the PCC Portal – Forms Tab- Faculty – Credentialing or under Forms Tab- D-F- Faculty Credentialing.

**The Applicant is to print, sign, and provide return address**.
*Employers, do not complete the form unless a name and signature appears below.*

**Authorization:**

I authorize my present/prior employer(s) to furnish the following information in regards to my employment with the company or organization:

Applicants Printed Name:

Applicants Signature: Date:

Electronic signature is acceptable.

Please return this form to following mailing or email address:

**Employment Verification**

***To be completed by the present/prior Employer:***

*Employers, do not complete the form unless a name and signature appears above authorizing the employment release.* **Please return this form back to the applicant named above*.***

*Please return the form to the Applicant named above.*

Name of Company or Organization: Phone:

Address (mailing or email):

The above named person was employed from (give dates) to
Employment was [ ]  Full-time [ ]  Part-time

How many *total hours\**did the employee work:
*\*Total hours are the total number of hours per year. 1 year of full time work is approximately 2000 hours.*
(e*.g. if the employee worked full time for 5 years they should have approximately 10,000 hours.)*

Position the employee held:

Please attach a position description if possible, if not briefly describe the employees duties:

Employers Verification: I verify that the information above is an accurate reflection of the employee’s experience and tenure with our company or organization.

Printed name: Date:

Signature:

Electronic signature is acceptable.

Section 3: Self Employment-Only complete this section if you were self-employed within the past 7 years (5 years for health) in a relevant occupation.

**To be completed by the applicant:**

Describe the scope of this self-employment, including, if applicable, the name of the business.
(You may add additional documentation if necessary.)

Self-employment was [ ]  Full-time [ ]  Part-time

How many \*total hours did you invest into your self-employment .
 *\*Total hours are the total number of hours per year. 1 year of full time work is approximately 2000 hours.* (E.g*. if the self-employment was full time for 5 years you should have approximately 10,000 hours.)*

**You must attach proof of self-employment**.

Provide one or more of the following:

* 1. Copies of a Schedule C or Schedule C-EZ.
	2. The first page of any income tax statement showing self-employment income
	3. Letters or reference from customers that include the dates/service rendered and cost of services.
	4. A letter from you accountant verifying that you are/were self-employed and the number of years that you have been self-employed.
	5. Proof of professional status- verifiable exhibition record or representation by a third party:
		1. Letter or reference or other documentation from gallery(s), or sites where work is available for sale.
		2. Contract for representation.

**Applicant’s Verification**

I verify that the information above is an accurate reflection of my self-employment experience and tenure.

Printed Name: Date:

Signature:

Electronic signature is acceptable.

### Section 4: Certification Page

Complete the following check list to ensure application is complete:

[ ]  Personal Information and Educational information is complete. I have included my S#.

[ ]  Copies of transcripts from Universities, Colleges or vocational transcripts or certificates

are attached, or were submitted with the Request to Hire.

[ ]  I do not hold a degree or certificate, but have provided a copy of my HS diploma or

 equivalent.

[ ]  Official transcripts are/have been sent from the issuing institution directly to PCC HR.

[ ]  Copies of Industry Licenses or Certifications, if applicable, are attached.

[ ]  Copies of Local, State or National licensure or Registrations (e.g. nursing license)

if applicable.

[ ]  Occupational verification forms are attached from employers that I am/have been employed.

[ ]  I am attaching all self-employment information if applicable.

**Once you have collected all documentation outlined above submit completed packet *directly to your Department Chair or Supervisor either electronically or in paper format***.
*Do not submit to HR.*

I certify that all information contained within this application is correct and complete to the best of my knowledge. I recognize and accept that my Career and Technical Education Credential may be revoked if any of the given information or statements are false.

Printed name: Date:

Signature:

Electronic signature accepted.

### Section 5: Department Chair/Supervisor-Initial CTE Vocational Credential Check list.

Name of Employee: was hired to teach

in the CTE program as a [ ]  Full-Time Faculty [ ]  Part-Time Instructor

I have reviewed the documentation submitted in this application and attest to the following:

(Check all that apply.)

[ ]  Unofficial transcripts and resume are attached or were submitted with the RTH.

[ ]  The individual does not hold a degree or certificate but has provided a copy of their

HS diploma or equivalent.

[ ]  The applicant has submitted Occupational Verification completed by employer(s),

or proof of self-employment is provided.

[ ]  The individual has provided copies of Industry Licenses or Certifications,

if applicable.

[ ]  The individual has provided copies of Local, State or National Licensure or

 Registrations (e.g. Nursing license), if applicable.

Department Chair/Supervisor’s Name: Date:

**Submission:**

Paper copies are to be sent to:

 Jennifer Hayden, Interim Credentialing Officer
Pueblo Community College
900 West Orman Avenue, Suite AB 210Q
Pueblo, Colorado 81004

Electronic copies to: jennifer.hayden@pueblocc.edu