

Center for Emergency Preparedness

APPLICATION FOR CSU / CEP PRESENTER - PLEASE PRINT

Thank you for your interest in becoming a Presenter for the Cleveland State University, Center for Emergency Preparedness. It is vitally important that we obtain critical personal information and ask that you provide a cover letter and current cumulative vitae / resume with your application. In addition, we require a copy of your high school diploma and/or college degree to accompany this application along with your current certifications. Thank you.

PERSONAL INFORMATION		DATE OF AP	DATE OF APPLICATION:		
Name:					
Address:	Last	First	MI		
Address	Number	Street	City/State/Zip		
Contact:	Home #	Cell#	E-Mail		
Position sought	Home #		Availability:		
EDUCATION					
	City/State	Graduate Y / N	Degree/Diploma & Year		
High School					
College					
Specialized					
Other					
CERTIFICATION	IS (please list all, inclu	ıding teaching certifica	tes – i.e. Fire Instructor)		



Center for Emergency Preparedness

EMPLOYMENT

Dates: To	From	Title:	
Name of Business &	Address		
Describe Duties			
Supervisor Name &	Telephone		
	•		
Dates: To	From	Title:	
Name of Business &	Address		
Describe Duties			
Supervisor Name &	Telephone		
	_		
Dates: To	From	Title:	
Name of Business &	Address		
Describe Duties			
Supervisor Name &	Telephone		

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Have you been employed with CSU before? (Explain)					
REFERENCE	S				
Name:					
Address:	Last	First	MI		
	Number	Street	City/State/Zip		
Contact:	Home #	Cell#	E-Mail		
Name:					
Address:	Last	First	MI		
_	Number	Street	City/State/Zip		
Contact:	Home #	Cell#	E-Mail		
Please explai specific.	n your qualifications	/ reasons for seeking	g this position. Please be		
Name:			Date:		

Please send completed application with attachments to:

Please legibly sign your name here

Dr. Bernard W. Becker III, Director; Center for Emergency Preparedness 1717 Euclid Avenue, UR 134, Cleveland, Ohio 44115 Director's Office: (216) 875-9860 / Director's Email: b.becker64@csuohio.edu

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