



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

**PERSONNEL RECORD (ADMINISTRATORS, SUPERVISORS, INSTRUCTORS)**

VE-20

NAME		AGE	TITLE	
NAME OF SCHOOL		ADDRESS OF SCHOOL		
DEFINITION OF DUTIES				
<hr/> <hr/>				
INSTRUCTOR'S LICENSE NUMBER (IF APPLICABLE)		HOURS PER WEEK OF INSTRUCTION		
DATE STARTED TO WORK AT SCHOOL		HOURS PER WEEK EMPLOYED BY SCHOOL		
NUMBER OF HOURS PER WEEK EMPLOYED ELSEWHERE				
WHERE				
NATURE OF DUTIES ON OTHER JOB				
<b>EDUCATION BACKGROUND</b>				
<b>GRADE SCHOOL</b>				
NAME AND ADDRESS OF SCHOOL		GRADES FINISHED	DATE	
			FROM	TO
			FROM	TO
<b>HIGH SCHOOL</b>				
NAME AND ADDRESS OF SCHOOL		GRADES FINISHED	DATE	
			FROM	TO
			FROM	TO
<b>TRADE OR TECHNICAL SCHOOL</b>				
NAME AND ADDRESS OF SCHOOL		GRADES FINISHED	DATE	
			FROM	TO
			FROM	TO
<b>COLLEGE</b>				
NAME AND ADDRESS OF SCHOOL		GRADES FINISHED	DATE	
			FROM	TO
			FROM	TO
			FROM	TO

**EMPLOYMENT BACKGROUND\***  
(IN CHRONOLOGICAL ORDER)

DATE	NAME OF FIRM OR INSTITUTION	ADDRESS	TITLE	NATURE OF RESPONSIBILITIES
FROM TO				

**REFERENCES**

NAME	ADDRESS
1.	
2.	
3.	

I certify that all information contained on this form is true and accurate.  
I have read and agree to comply with the "Standards for the Approval of Courses."

SIGNATURE INSTRUCTOR	DATE
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I have thoroughly checked the background of the above person and certify that all information contained on this form is true and accurate, and that the above described person is a good instructor.

SIGNATURE ADMINISTRATOR	DATE
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**NOTE** \* Must be clearly and accurately stated in detail so that the Department of Elementary and Secondary Education may write or contact to secure information.