

**CATALOG RESUME FORM**

**TO:** CLEET Continuing Education

**FROM:**

Agency: \_\_\_\_\_

Course Name/Title: \_\_\_\_\_

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**INSTRUCTOR INFORMATION:**

Name: \_\_\_\_\_

CLEET Number or Last Four of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City, State ZIP

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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**CAREER RESUME** (please list employer, position and tenure):

Present Position: \_\_\_\_\_

Prior Position: \_\_\_\_\_

Education: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Professional Training: \_\_\_\_\_

\_\_\_\_\_

***Which of the following CLEET instructor certifications do you hold?***

Basic Instructor \_\_\_\_\_ Date of Certification \_\_\_\_\_

Defensive Tactics /  
Custody Control \_\_\_\_\_ Date of Certification \_\_\_\_\_

Firearms Instructor \_\_\_\_\_ Date of Certification \_\_\_\_\_

LEDT (Driver Training) \_\_\_\_\_ Date of Certification \_\_\_\_\_

First Aid / CPR \_\_\_\_\_ Date of Certification \_\_\_\_\_

Radar Instructor \_\_\_\_\_ Date of Certification \_\_\_\_\_

Other (specify) \_\_\_\_\_ Date of Certification \_\_\_\_\_