



<u>For office use only</u>
Date of Approval: _____
Resume: _____
Interview: _____
Seminar: _____

TAM[®] Instructor Application

Date: _____

Name: _____

Business Name: _____ Title: _____

Address: _____
(Street address) (Mailing address if different)

(City) (State) (ZIP Code)

Phone Number: _____ Fax Number: _____

E-Mail: _____ Cell: _____

Which TAM[®] program are you interested in?:

- Corporate
- Regional*

*For Michigan regional only: Which area(s) would you like to cover? (e.g. Ingham County, Detroit, U.P.)

Applicant must meet ALL of the following requirements:

- High school diploma or GED
- Attended a Techniques of Alcohol Management[®] seminar within the last three years and passed with a score of 85% or above

Have you ever been convicted of an alcohol-related misdemeanor or felony?

- No
- Yes. Please explain: _____

Applicant must meet at least ONE of the following requirements and provide documentation (Please check all applicable boxes):

- Employed by a licensed establishment recognized by your state's Liquor Control Commission/Board
- Law Enforcement Agent
- Independent instructor or consultant
- Employed by a college or university

Please also provide the following:

1. A current résumé
2. Any additional documents supporting your experience/education

By signing below, you are verifying that the information provided in this application is factual to the best of your knowledge.

Signature: _____ Date: _____

*Please return completed form to: TAM[®], 101 S. Washington Square, Ste. 800, Lansing, MI 48933