

APPLICANT INFORMATION:

Name:Last	First	Preferred Name	
Address:		Appt. #/Unit:	
City:	State: Zip Code: _		
Cell Phone:	Email:	Date of Birth:	
What position are you applying for? Instructor Classroom Assistant			
Which rotation? (select all that apply) Other	HandbellsUkuleleVisual ArtsM	NovementStorytelling/Writing	
What days are you available?	MondayTuesdayWednesday	ThursdayFriday	
EMPLOYMENT HISTORY Are you currently employed? :	_YESNORETIREDS	STUDENT	
If employed, where: If a student, where: May we contact your present employer? YES NO			
Name:	Phone:		

PREVIOUS EMPLOYMENT			
Employer/Business:	Address:		
Dates of employment:	Position:	Supervisor:	
Employer/Business:	Address:		
Dates of employment:	Position:	Supervisor:	

EDUCATION & TRAINING (List relevant education, training and experience)				
College:	_ Dates:	Major:	Degree:	
College:	Dates:	Major:	Degree:	
List relevant training or experiences:				
Describe your classroom management style:				
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Have you ever been arrested, charged, or con-	victed (including deferred a	adjudication) of any crime other than
a minor traffic violation?YESNO)	
If yes, please explain:		
REFERENCES		
Name:	Phone:	_Email:

Name:	Phone:	Email:

Your signature certifies that all the information you have provided is accurate and correct to the best of your knowledge.

Signature of Applicant: _____ Date: _____