



Instructor Application for The Arts Center

Name _____

Birth date _____ **Social Security Number** _____

Address _____

Phone Number _____ **2nd Phone Number** _____

Name of class(es) in which you are applying to teach with a brief description of the syllabus:

**Years experience in discipline you desire to teach
(Ex. ballet, tap, hip hop, etc.)** _____

List days of the week and times you would desire to teach:

Are you currently employed? Yes No

If so, list place of employment: _____

If you are employed, can we contact your employer? Yes No

Have you ever been convicted of a felony? Yes No

List below two professional references we can contact:

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

List below a personal reference we can contact (someone not related to you):

Name _____ **Phone Number** _____

By signing below, you acknowledge that the information you have provided in this document is true and accurate.

Signature

Date

