

WEBBY DANCE COMPANY

INSTRUCTOR APPLICATION

NAME _____ DATE _____

SOC. SEC. # _____ DOB _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

HOME PHONE _____ CELL PHONE _____

EMAIL _____

WORK AVAILABILITY:

PLEASE CIRCLE THE DAYS AND SPECIFY HOURS YOU ARE AVAILABLE.
(IF YOU ARE IN SCHOOL PLEASE WRITE OUT YOUR SCHOOL SCHEDULE)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PLEASE LIST YOUR EXPERIENCE IN DANCE AND IN WORKING WITH CHILDREN:(Continue on back if needed)

HAVE YOU EVER BEEN FINGERPRINTED FOR THE PURPOSE OF WORKING WITH CHILDREN? _____

EDUCATION:

HIGH SCHOOL	CITY & STATE	YEAR COMPLETED
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COLLEGE	CITY & STATE	YEAR COMPLETED
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MAJOR	DEGREE
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GRADUATE COLLEGE	CITY & STATE	YEAR COMPLETED
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MAJOR	DEGREE
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EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED? _____ WHERE? _____

PREVIOUS EMPLOYMENT:

NAME: _____

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

PHONE: _____

POSITION: _____

POSITION: _____

POSITION: _____

DATES: _____

DATES: _____

DATES: _____

REFERENCES

NAME	PHONE	RELATION
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NAME	PHONE	RELATION
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NAME	PHONE	RELATION
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