



Schauer Arts and Activities Center, Inc.
Community School of the Arts
Instructor's Application

Name: _____

Phone: _____ Date of Birth: ___ / ___ / _____

List any specialized education and/or training specific to the position you are applying for:

List previous instructional experience – include all classes taught, supervisor's name and number (if applicable):

CLASS	SUPERVISOR	PHONE
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Brief description of class(es) or activity(ies) you plan to teach:

Your personal Goals and Objectives:

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you consent to the Schauer verifying any credentials listed on this application or resume or vita materials you have provided? Yes ___ No ___

I certify the above to be true and accurate to the best of my knowledge:

Signed: _____ Date: _____