

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
COLLEGE	CITY & STATE	YEAR COMPLETED
MAJOR	DEGREE	
GRADUATE COLLEGE	CITY & STATE	YEAR COMPLETED
MAJOR	DEGREE	

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
NAME	PHONE	RELATION
NAME	PHONE	RELATION