



## TEACHING ARTIST APPLICATION

<b>APPLICANT INFORMATION</b>										
Last Name					First				Instrument	
Street Address								Apartment/Unit #		
City				State				ZIP		
Phone				E-mail Address						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for LAUSD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, in what capacity?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
<b>EDUCATION</b>										
Undergraduate				Degree						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Degree Awarded			
Graduate				Degree						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Degree Awarded			
Other				Degree						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Degree Awarded			
<b>REFERENCES</b>										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

**PREVIOUS TEACHING EXPERIENCE**

Company		Job Title	
Description of Activities/Responsibilities			
From	To		
Company		Job Title	
Description of Activities/Responsibilities			
From	To		
Company		Phone	
Description of Activities/Responsibilities			
From	To		

**ADDITIONAL INFORMATION**

Instruments you are able to teach at a beginning level:

Instruments you are able to teach at an intermediate level:

Are you interested in teaching 30-minute general music classes? (Pre-K – 3)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Teaching Artists are allowed no more than 3 absences each semester and are required to attend a culminating concert at the end of the semester. If chosen for the position, are you able to commit to this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**AVAILABILITY**

Please check each box below when you are available (a commitment for the school year from September to the first week of June is required)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 AM					
9 AM					
10 AM					
11 AM					
12 PM					
1 PM					
2 PM					
3 PM					
4 PM					
5 PM					

**DISCLAIMER AND SIGNATURE**

I understand that if offered a position, it is contingent upon my ability to pass a background check and tuberculosis test.  
 I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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