

**INSTRUCTOR APPLICATION – ADULT CLASSES
SPRING/SUMMER/FALL SEMESTER**

**Center for Arts and Crafts
863-0611**

Date: _____ Program: _____
Name: _____ Social Security #: _____

Local Address: _____
City: _____ Zip: _____

Permanent Address: _____
City: _____ Zip: _____

Local Phone: _____ Permanent Phone: _____
E-mail: _____

Occupation: _____ Degree: _____ Year: _____
Major: _____ If Student, give year of study: _____

How did you find out about the Center for Arts and Crafts? _____

Teaching Experience: (**Attach Resume/Vita**)

Related Work Experience:

References:

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____

IF YOU ARE CALLED FOR AN INTERVIEW YOU WILL BE ASKED FOR SLIDES/PORTFOLIO.

