



# 2017 Teaching Artist Application

## SECTION I PERSONAL INFORMATION

Last name	First name	Middle name	Social Security Number
Present Address:			
City:	State:	Zip Code:	
Permanent Address (If not same as above):			
City:	State:	Zip Code:	
Present Telephone and/or Cell phone:			E-mail:

## SECTION II

## CERTIFICATION INFORMATION

Do you presently hold one or more certified teaching credentials? If the answer is no, please attached a resume or bio of professional dance experience.	Yes No
Type of credential:	Other: Please Specify:
Credential Number (if one exists):	Expiration Date:

Do you presently hold a valid credential from another state?
If yes, indicate state and areas of certification:

## SECTION III

## EDUCATIONAL AND PROFESSIONAL TRAINING

H.S./Univ-College/Dance Training With Location	Degree Earned/Course of Study	Date
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SECTION IV**

**EMPLOYMENT RECORD (Teaching experience only)**

**Name of Organization**

**Location**

**Dates**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SECTION V**

**PERSONAL AND PROFESSIONAL INFORMATION**

1. Are you currently under a teaching contract or other employment contract? Yes No  
If yes, Where?

What is your work schedule under this contract?

2. Optional Applicant Information:

Date of Birth:

Gender: Male or Female

Ethnic Origin:

U. S. Citizen: Yes No

My signature below certifies that I understand that any misrepresentation or omission of facts on the application or during the employment process is cause for forfeiture of employment consideration or termination, if employed.

I understand that if accepted into the training program and I complete the certification requirement, I will need to be fingerprinted and a background check will be conducted. Any offer of employment will be subject to receipt of a criminal history report reflecting no reasons for not extending such an offer.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please print name \_\_\_\_\_

**Mail or email your application to the following address:**

Angela Trivigno  
22 Wilderness Road  
St. James, NY 11780  
Atrivigno.dcli@gmail.com

