



222 West Third Street  
Joplin, MO 64801  
417.623.0183  
www.spivaarts.org

# TEACHER APPLICATION

*Background Check required*

Date \_\_\_\_\_

NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ email \_\_\_\_\_

## EDUCATION

NAME AND LOCATION	YEARS ATTENDED	GRADUATION	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

## TEACHING EXPERIENCE

DATES (MM/YY – MM/YY)	NAME AND ADDRESS	SUPERVISOR NAME AND NUMBER	RESPONSIBILITES

## CURRENT EMPLOYMENT

DATES (MM/YY – MM/YY)	NAME AND ADDRESS	SUPERVISOR NAME AND NUMBER	RESPONSIBILITES

## REFERENCES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXPLAIN WHY YOU WOULD LIKE TO TEACH AT SPIVA CENTER FOR THE ARTS:

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\_\_\_\_\_  
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