



222 West Third Street
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TEACHER APPLICATION

Date _____

NAME _____ Home Phone _____

Address _____ Cell Phone _____

City/ST/Zip _____ email _____

EDUCATION

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

EXPERIENCE

DATES (MM/YY)	NAME AND ADDRESS	SUPERVISOR NAME AND NUMBER	RESPONSIBILITIES

**What would you like to teach at Spiva?
What age group does your class target?**

REFERENCES:
