

TEACHER APPLICATION



Background Check Required

Date_

Name			Phone					
Address		City/ST/Zip						
Email								
EDUCATION								
NAME AND LOCATION			ARS ATTENDED	GRADUATION		SUBJECTS STUDIED		
HIGH SCHOOL								
COLLEGE								
OTHER								
TEACHING E	XPERIENCE							
DATES (MM/YY – MM/YY)	NAME AND ADDRESS		SUPERVISOR NAME AND NUMBER			RESPONSIBILITES		
EMPLOYMEN	NT HISTORY							
DATES (MM/YY – MM/YY)	NAME AND ADDRESS		SUPERVISOR NAME AND NUMBER			RESPONSIBILITES		
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REFERENCES										
NAME			PHONE N	UMBER	RELATIO	RELATIONSHIP TO YOU & YEARS KNOWN				
	_	_	_	_						
MEDIUMS YOU	WOUL	D LIK	E TO T	EACH						
MEDIUM		AGE R	AGE RANGE		CLASS PROJECT EXAMPLE					
AVAILABILITY										
	TUES	TUESDAY W		ESDAY	THURSDAY	FRIDAY	SATURDAY			
MORNING										
AFTERNOON										

PLEASE TURN IN YOUR COMPLETED APPLICATION TO DES HERNANDEZ, EDUCATION DIRECTOR AT 212 W 7^{TH} STREET JOPLIN, MO 64801 OR EMAIL TO DHERNANDEZ@spivaarts.org

EVENING