



WINTHROP ARTS, INC.

ART FACTORY TEACHER APPLICATION • FALL 2016

Please submit the completed application to info@winthroparts.org

| BASIC INFORMATION | | | | | | | | | | | | | |
|--|--|------------------------------|------------------------------|-------|-----------------------------|------------------------------|--|--------|------------------|------------------------------|--|-----------------------------|--|
| Last Name | | | | | | First Name | | | | M.I. | | Date | |
| Street Address | | | | | | | | | Apartment/Unit # | | | | |
| City | | | | | | State | | | | ZIP | | | |
| Length of time at current address (Years/Months) | | | | | | | | | | | | | |
| Work Phone | | | | | | Home Phone | | | | | | | |
| Cell Phone | | | | | | E-mail Address | | | | | | | |
| Website | | | | | | | | | | | | | |
| Date of Birth | | | | | | Social Security No. | | | | | | | |
| Are you currently employed? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If so, may we contact your current employer? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| EDUCATION | | | | | | | | | | | | | |
| High School | | | | | | Address | | | | | | | |
| From | | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |
| College | | | | | | Address | | | | | | | |
| From | | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |
| Post Graduate | | | | | | Address | | | | | | | |
| From | | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |
| Teacher's Certification | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | State | | | Field | | Effective Date | | | | |

WORK HISTORY

PLEASE PROVIDE WORK HISTORY FOR THE PAST 10 YEARS (USE THE REVERSE SIDE IF YOU NEED MORE ROOM).

| | | | | | | | | |
|--|--|----|--|------------------------------------|------------------------------|--|-----------------------------|--|
| Company/School | | | | School District (if applicable) | | | | |
| Address | | | | Phone | | | | |
| Supervisor | | | | | Position Held | | | |
| From | | To | | Reason for Leaving | | | | |
| May we contact your previous supervisor for a reference? | | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| Company/School | | | | School District (if applicable) | | | | |
| Address | | | | Phone | | | | |
| Supervisor | | | | | Position Held | | | |
| From | | To | | Reason for Leaving | | | | |
| May we contact your previous supervisor for a reference? | | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| Company/School | | | | School District (if applicable) | | | | |
| Address | | | | Phone | | | | |
| Supervisor | | | | | Position Held | | | |
| From | | To | | Reason for Leaving | | | | |
| May we contact your previous supervisor for a reference? | | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| Company/School | | | | School District (if applicable) | | | | |
| Address | | | | Phone | | | | |
| Supervisor | | | | | Position Held | | | |
| From | | To | | Reason for Leaving | | | | |
| May we contact your previous supervisor for a reference? | | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |

PROFESSIONAL DATA

PLEASE LIST RELEVANT PROFESSIONAL ACTIVITIES (USE THE REVERSE SIDE IF YOU NEED MORE ROOM).

[illegible]

GENERAL INFORMATION

| | | | | | |
|---|-----------------------------------|-----------------------------------|--------------------------------------|---|---|
| Date Available to Start | | | | Please indicate days that you would be available between 3:30 and 6pm (tick boxes). | |
| Mon <input type="checkbox"/> | Tues <input type="checkbox"/> | Wed <input type="checkbox"/> | Thurs <input type="checkbox"/> | Fri <input type="checkbox"/> | Are you available earlier in the day? What time(s)? _____ |
| Would you be willing to work on select Saturdays and Sundays for workshops, classes and special events? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If you are available on the weekends, what times are best? _____ |
| Would you be available during the summer? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Note: We will have a separate form for full summer availability. |
| Have you ever been refused tenure or a continuing contract? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? _____ |
| Have you ever had your license or certificate revoked or suspended? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? _____ |
| Have you ever been discharged or requested to resign? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? _____ |
| Have you ever been arrested? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? _____ |
| Have you ever been convicted of a misdemeanor or crime involving an act of dishonesty? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? _____ |
| Have you ever been convicted of a felony? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain _____ |
| Do you have any pending charges or proceeding pending against you? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain _____ |
| PLEASE NOTE THAT THE ART FACTORY IS A UNIQUE AFTER SCHOOL ARTS PROGRAM FOR KIDS AGES 5 TO 18. WE ACCEPT CHILDREN OF ALL ABILITIES, INCLUDING THOSE WITH DEVELOPMENTAL AND PHYSICAL DISABILITIES. | | | | | |
| Are you willing and able to work with a diverse set of students? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Please explain what special talents, experiences, and insights you bring that enhance the class experience for children of all abilities. | | | | | |
| | | | | | |
| Please indicate which classes you would be willing/able to teach (tick boxes) | | | | | |
| Drawing <input type="checkbox"/> | Painting <input type="checkbox"/> | Ceramics <input type="checkbox"/> | Photography <input type="checkbox"/> | Fabric/Textiles <input type="checkbox"/> | Printmaking <input type="checkbox"/> |
| Creative Writing/Poetry <input type="checkbox"/> | | | | | |
| Other <input type="checkbox"/> Please list/describe: _____ | | | | | |

REFERENCES

PLEASE LIST THREE REFERENCES, INCLUDING ONE PROFESSIONAL, ONE PERSONAL AND ONE ACADEMIC.

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Address | |
| Phone | | Email | |
| Full Name | | Relationship | |
| Company | | Address | |
| Phone | | Email | |
| Full Name | | Relationship | |
| Company | | Address | |
| Phone | | Email | |