



School of Performing Arts Faculty Application

TEACHING PREFERENCE

Areas of Instruction *(Check all that apply. Please indicate the highest level of ability you are comfortable teaching with a B for beginner, I for intermediate or A for advanced)*

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|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Voice | <input type="checkbox"/> Flute | <input type="checkbox"/> Trombone | <input type="checkbox"/> Cello |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Clarinet | <input type="checkbox"/> Tuba | <input type="checkbox"/> String Bass |
| <input type="checkbox"/> Guitar | <input type="checkbox"/> Saxophone | <input type="checkbox"/> Drums | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bass Guitar | <input type="checkbox"/> Trumpet | <input type="checkbox"/> Violin | _____ |
| <input type="checkbox"/> Harp | <input type="checkbox"/> French Horn | <input type="checkbox"/> Viola | If other, list instrument |

PROFESSIONAL QUALIFICATIONS

Education

	Name/Location of School	Years Attended	Date Graduated	Degree/Cert.	Major/Minor
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Grad School	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

TEACHING EXPERIENCE

Place	Instrument and/or Class	How Long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks concerning teaching experience: _____

Teaching Credentials

Do you have a teaching certificate? Yes No From what state? _____

What kind? _____ Valid? _____

PERFORMING EXPERIENCE

Place	Which Instrument?	How Long?	Professional / Non-Professional
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Remarks concerning Performance Experience: _____

SPECIAL QUALIFICATIONS

Please check as many of the following as apply:

Experience in singing _____ Choral Group _____ Play Piano _____ Play an instrument _____

List other instruments _____

Do you direct? Choir _____ Orchestra _____ Band _____ Stage Band _____ Handbells _____

Please describe activities / experiences checked above. _____

Interests or hobbies other than those listed _____

TEACHING SCHEDULE

List below the days and times you would be available to teach.

Monday-

Tuesday-

Wednesday-

Thursday-

Friday-

Signature _____ Date _____