



SANTA CRUZ MOUNTAINS
ART CENTER

9341 Mill Street, Ben Lomond, CA 95005 831-336-3513 www.mountainartcenter.org

Application for Teaching Position

Updated May 2016

Name _____

Address _____

Home phone _____ Cell Phone _____

Email _____ Web Site _____

- Yes No If working with youth under 18 years of age, I have passed the Livescan fingerprinting for the Santa Cruz Mountains Art Center.
 Yes No If you checked "NO" and you are applying to work with youth under 18 years of age, are you willing to obtain the required Livescan fingerprinting for the Santa Cruz Mountains Art Center? *If your answer is "NO" and you are applying to work with youth under 18 years of age: STOP, your application can not be accepted by the Santa Cruz Mountains Art Center.*

Preferred Media (rank according to preference)

Additional Information/Description

<input type="checkbox"/>	Painting	
<input type="checkbox"/>	Drawing	
<input type="checkbox"/>	Printmaking	
<input type="checkbox"/>	Ceramics	
<input type="checkbox"/>	Music	
<input type="checkbox"/>	Performing Arts/Dance	
<input type="checkbox"/>	Other	

Teachers Must (please check applicable):

<input type="checkbox"/>	If working with youth under 18 years of age, must have passed background check by LiveScan fingerprinting.
<input type="checkbox"/>	Exhibit a mastery of your art form.
<input type="checkbox"/>	Exhibit a warm, respectful and trustworthy rapport with students and parents (if working with youth).
<input type="checkbox"/>	Possess a thorough knowledge and passion for their art form.
<input type="checkbox"/>	Have two years' teaching experience in a classroom environment (preferred).

Educational Background (attach additional sheets if necessary)

High School _____ Address _____
 Year Graduated _____

College _____ Address _____
 Year Graduated _____ Degree or Certificate _____

College _____ Address _____
 Year Graduated _____ Degree or Certificate _____

Employment History (attach additional sheets if necessary)

Employer _____ Supervisor _____ Your Position _____
Address _____ Phone _____

Employer _____ Supervisor _____ Your Position _____
Address _____ Phone _____

Employer _____ Supervisor _____ Your Position _____
Address _____ Phone _____

References (include at least one personal reference and one employer/teaching art position)

Name _____ Relationship to Applicant _____
Address _____ Phone _____
Email _____

Name _____ Relationship to Applicant _____
Address _____ Phone _____
Email _____

Name _____ Relationship to Applicant _____
Address _____ Phone _____
Email _____

Please read carefully and sign below:

I authorize the Santa Cruz Mountains Art Center to check my statements, references, and those former employers I have indicated. I certify all the information in this application to be true and agree that any misrepresentation or concealment of a material fact will be sufficient cause for termination of teaching contract(s). I understand that nothing contained in this application or in the granting of an interview is intended as a teacher's contract between Santa Cruz Mountains Art Center and me. No promises regarding teaching classes have been made to me and I understand that any such promise or guarantee would not be binding upon Santa Cruz Mountains Art Center. If a teacher's contract is approved by the Santa Cruz Mountains Art Center's Educational Program Representative, I understand and agree that my contract can be terminated any time at the option of either Santa Cruz Mountains Art Center or me. I have read the current Safety and Security Policy and the Teacher Guidelines and understand that upon signing a contract and being granted approval by the SCMAC's Educational Program Representative, I will be retained to perform specific services as an independent contractor.

I further acknowledge that the Art Center and its officers, members, employees and agents, accept no responsibility or liability whatsoever for any injury, loss or damage to teacher's person, equipment or art work.

Signature of applicant _____ Date _____

----- please do write below this line -----

Date Application Reviewed _____ by (if other than the SCMAC EPD) _____

Signature of SCMAC Educational Representative _____ Date _____