



# Employment Application for Teaching Position

Updated June 2021

## APPLICANT INFORMATION

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position applied for \_\_\_\_\_ Birth Date \_\_\_\_\_

Preferred Media / teaching specialty \_\_\_\_\_

Are you authorized to work in the US?  YES  NO

Have you ever worked for this company?  YES  NO If yes, when? \_\_\_\_\_

Please note that a "Yes" answer to either of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

YES  NO Have you ever been convicted of, or pled guilty "no contest" to any misdemeanor or felony? Do not include convictions that were sealed or expunged pursuant to a court order. Please explain any "Yes" answer. (attach additional pages if necessary)

YES  NO Are you currently awaiting trial for any criminal offense? Please explain any "Yes" answer. (attach additional pages if necessary)

## Requirements for Youth Teachers Applicants working with youth under 18 years of age must...

Pass background check by LiveScan fingerprinting ( <a href="#">use this form</a> )
Successfully complete the California Child Abuse Mandated Reporter Training ( <a href="#">more info here</a> )
Exhibit a warm, respectful, and trustworthy rapport with students and parents
Possess a thorough knowledge and passion for their art form
Have two years' teaching experience in a classroom environment (preferred)

## EDUCATIONAL BACKGROUND (attach additional sheets if necessary)

High School \_\_\_\_\_ Address \_\_\_\_\_

Did you graduate?  YES  NO Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  YES  NO Degree \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  YES  NO Degree \_\_\_\_\_

**EMPLOYMENT HISTORY** (attach additional pages if necessary)

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Your Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact supervisor for a reference?  YES  NO

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Your Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact supervisor for a reference?  YES  NO

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Your Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact supervisor for a reference?  YES  NO

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

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Email/Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Email/Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Email/Address \_\_\_\_\_ Phone \_\_\_\_\_

**Please read carefully and sign below:**

I authorize the Santa Cruz Mountains Art Center (SCMAC) 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 SCMAC 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 SCMAC. If a Teacher’s Contract is approved by the SCMAC’s Educational Program Representative, I understand and agree that my contract can be terminated any time at the option of either SCMAC 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 employee.

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 \_\_\_\_\_

Signature of SCMAC Educational Representative \_\_\_\_\_ Date \_\_\_\_\_