



Independent Contractor Application for Music Teachers 2009/2010

To the applicant: Thank you for your interest in our organization. Your application will receive consideration without regard to race, creed, color, sex, age, national origin, disability, or any other protected class status. To enable us to properly and fairly evaluate your application, please answer all of the questions as carefully and completely as possible.

Personal Data

Name _____

Address _____

Home Telephone Number () _____ Work Number () _____

Do you carry your own Worker's Compensation coverage? _____ Yes _____ No

Do you carry your own General Liability coverage? _____ Yes _____ No

Your Education

	Name	City/State	Yrs. completed	Graduate?	Degree
College	_____	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____	_____
Other Special Training	_____	_____	_____	_____	_____

List any scholastic honors, awards

Describe any other school or specialized training

Major in college _____ Major instrument _____

Minor in college _____ Minor instrument _____



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Teaching History

Please provide information covering your teaching history. Cover your last three positions.

Organization/School _____ Dates _____

Address _____

City _____ State _____ Zip _____

Organization/School _____ Dates _____

Address _____

City _____ State _____ Zip _____

Organization/School _____ Dates _____

Address _____

City _____ State _____ Zip _____

If you worked in any of your previous positions under another name, please give that name below (for reference checking purposes)

Teaching References

List people for whom you've worked (or taught) who have personal knowledge of your character, experience, and capability. If you have a limited teaching history, you may also list teachers, advisors, or college professors who know you. (We must be able to reach at least three references).

Name _____

Address _____

Telephone _____

Organization/School _____



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Teaching References (continued)

Name _____

Address _____

Telephone _____

Organization/School _____

Name _____

Address _____

Telephone _____

Organization/School _____

Name _____

Address _____

Telephone _____

Organization/School _____

ACKNOWLEDGEMENT: I grant permission for the Company to investigate my references, and I authorize my references to provide any information to the Company that they deem appropriate.

Signature _____ Date _____