

## **Dance** Application for Employment

Last Name		First				Today's Date				
Have you ever used another name?					Are you over 18?					
Street Address	t Address Cit			City	State					
Zip Code	Home	e Phone			Cell #					
E-mail address (p	rint)									
Position desired										
Name and address										
What prompted ye	ou to apply	here? C	ircle	one: Facebook	Indeed	С	raig's List	Our e	electron	ic sign
WOM/their name Other No				othing	(walk-in)					
What is your desi	red rate of	pay?								
How many hours	per week d	o you de	sire?		When c	an yo	ou start?			
School Name & C1ourse of			f	No. of Years Did You			)id You			
Location			Study			Completed		Graduate?		
Available to wor				-			Γ:	6	-	Cura
8:30 – 3:00 p.m.	Mon.	Tue	5.	Wed.	Thur.		Fri.	58	at.	Sun.
3 – 9:00 p.m.										

Why would these hours work for you?

The safety of our students is a top priority. Teaching physical skills to children requires quick movements and spotting and lifting heavy children, sometimes while in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics/dance apparatus such as heavy mats, beams, and bars that could weigh quite a bit. Can you perform the job duties of the position?

Have you ever been dismissed from employment or laid off?	_ Why?
Can you, after employment, submit verification of your right to work in the	ne United States?
Check off areas you are currently certified in: USAG Safety	_ First Aid Certified
CPR CertifiedAny other certifications?	

Please list any job-related organizations, professional clubs societies or associations to which you belong. You may omit any that indicate your race, religion, national origin, national origin, sex, age, ancestry, etc...

Our hours vary from week to week and occasionally you may be asked to stay late, leave early, or come in and sub on your day off. Do you foresee any problems with this?

**FORMER EMPLOYERS** List last three employers, starting with the most recent one first. If you do not have former employees, please provide three professional and/or character references.

DATE MONTH/YEAR	NAME	WORK PHONE NUMBER EMAIL	POSITION	REASON FOR LEAVING
FROM				
ТО				
FROM				
ТО				
FROM				
ТО				

If currently employed, may we contact your current employer?

Which of these jobs did you like best?\_\_\_\_\_

Why?\_\_\_\_\_

What did you like least?\_\_\_\_\_

_	ASSICAL BALLET		
How many years did you study?			
List the name of the teachers you studied wit	h:		
What method were you taught?			
Did you do "Pointe" work? Yes or No	Can you still dance on pointe? Yes or No		
	ТАР		
How many years did you study?			
List the name of the teachers you studied wit	h?		
What method were you taught?			
	JAZZ		
How many years did your study?			
List the name of the teachers you studied wit	h?		
What method were you taught?			
PRE	SCHOOL DANCE		
Have you taught Preschool? YES NO	How Long?		
What age group?			
Are there any other methods of dance you learned			
How long?	With Whom?		
Have you danced professionally? Yes or No	Where?		
How Long?	What type of dancing?		
Have you ever had experience in putting on recita	ls?		
What attire do you wear for teaching?			
Our hours vary from week to week and occasiona	ally you may be asked to stay late, leave early, or come in on h this?		

Write a lesson plan for an hour preschool tumbling/dance class. This would be their second class.

List of skills:	Dance	Tumbling
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

Date: \_\_\_\_\_

Signature \_\_\_\_\_