



1219 Military, Port Huron, MI 48060
(810) 984-2787 www.Studio1219.com

Instructor Application

Date _____

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____

Daytime Phone _____ Evening Phone _____

Education

School	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Experience

Course/Workshop	Location	Level/Age	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Exhibits/Awards/Significant Accomplishments

Teaching Qualifications/Other Skills

Availability

Please list the days and times you are available to teach

Would you be available to substitute teach? _____

Statement of Purpose

Briefly explain why you want to teach at Studio 1219 and the special qualifications that make you the best applicant.

References

Current Employer (Company and Supervisor) _____

May we call your supervisor for a reference? Yes___ No___ Phone # _____

List at least three references from educational or professional experiences.

Name/Title	Address	Phone	Years Aquatinted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return completed application and resume:

By Mail: Studio 1219
 1219 Military
 Port Huron, MI. 48060

Attention Education Department