

SOUTH SHORE ARTS: APPLICATION FOR INSTRUCTOR EMPLOYMENT

First Name	M	iddle Ini	tial	Last Name			
Address, City, State, Zip							
Home Phone	Cell Phone		2	Work Ph	Work Phone		
Date of Birth		Social Security Number					
Email Address							
Emergency Contact Name Emergency Contact Pho					ntact Phone		
(Complete below only if	a resui	me is no	t attac	hed.)			
Education: include high s	chool,	trade sc	hool, u	niversity, etc.			
School Name	School Name Ye At		Subject of Specialization			Certificate Obtained	
Employment History: Company Name/Address		Dates of Employment		Supervisor Name and Contact Info		Wage/Salary	



SOUTH SHORE ARTS 1040 Ridge Road, Munster, IN 46321 219/836.1839 www.SouthShoreArtsOnline.org

Personal References:

Name	Email	Phone	Relation

NOTE: All applicants are subject to a criminal background check.

Please RETURN this form and the following to:

Attn. Director of Education, South Shore Arts MAIL: 1040 Ridge Road, Munster, IN, 46321 EMAIL: Summer@SouthShoreArtsOnline.org

Please include:

- A letter outlining your intent to teach. This should include the type of class or classes you would like to teach, your preferred medium, age group, and your availability.
- Link to website or 5-10 (digital or print) images of your work.

Please direct any questions to:

Summer Scharringhausen
Director of Education
219/836.1839 x 103
Summer@SouthShoreArtsOnline.org