

**BANDLAND EDUCATION CENTER
TEACHER APPLICATION**

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Work: () _____ Cell: () _____

Social Security #: _____ Date of Birth: _____

Email Address _____

Instrument(s) you wish to Teach: _____

Education: _____

Teaching Experience: _____

Teaching Philosophy: _____

What levels do you teach? (Check) Beginner Intermediate Advanced

What days and hours do you want to teach: Days: M T W Th F S Block of Time: 2hr. 3hr. Other: _____

Best Hours:

| | | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|--|
| | | | (CIRCLE) | | (CIRCLE) | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | |

Desired Numbers of Students: _____

When can you start? _____
Date