



Art Instructor Application Form

Please Print Legibly

Applicant Name: _____ Date: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Website: _____

What medium(s) do you teach? _____

Please indicate the age range(s) you are able to teach: *Mark all that apply*

Children: _____ Teen: _____ Adult: _____

Years of teaching experience: _____

Please indicate your availability: *Mark all that apply*

Weekend: _____ Weekday: _____ Evenings: _____

Do you have a prepared course/syllabi that you would like to submit? Yes _____ No _____

If yes, please attach to your application.

***Are you interested in being contacted for modeling?** Yes _____ No _____

Please indicate your availability: *Mark all that apply*

Weekend: _____ Weekday: _____ Evenings: _____

Application forms will only be accepted with a resume/CV attached. Submission of these forms does not guarantee a position, applicants will be contacted for an interview at the discretion of the Passaic County Arts Center staff.

The Passaic County Arts Center at the John W. Rea House
675 Goffle Road, Hawthorne, NJ 07506
973-706-6640