

Fine Arts Education Program

St. Paul's Lutheran Church

408 South Davidson Street

Karnes City, Texas 78118

Contact us: 830-780-2251

www.StPaulsLutheranKarnesCity.org

www.facebook.com/StPaulsLutheranKarnesCity

INSTRUCTOR APPLICATION

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Email address: _____

Emergency Contact Name: _____

Address: _____

Home phone: _____ alternate phone: _____

Education

High School: Name _____

City _____ State _____ graduate? _____

College: Name _____

City _____ State _____ Study _____ Degree _____

College: Name _____

City _____ State _____ Study _____ Degree _____

Experience in music performance and instruction:

Ages you wish and are willing to instruct: _____

Days/hours available for instruction: _____

Instruments/areas you are willing to teach: _____

Have you ever been convicted of a felony? _____

If yes, please explain: _____

References (Please provide two references)

Name: _____ Phone: _____

Email address: _____

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Background Check Authorization and Release Form

I hereby authorize any investigator or accredited representative of FAEP bearing this release to obtain any information from schools, employers, criminal justice agencies or individuals relating to my activities. This information may include, but is not limited to: academic performance, qualifications, work performance, work attendance, personal history, disciplinary issues, criminal arrest and criminal conviction records. I hereby direct you to release such information upon request to bearer. I understand that the information released is for official use by Fine Arts Education Program and may be disclosed to such third parties as necessary in fulfillment of official responsibilities. This information is to be used to assist FAEP in determining my qualifications and fitness to teach young children.

I hereby expressly consent to and authorize Fine Arts Education Program to verify all the information I have provided and to conduct any type of background investigations deemed necessary concerning by suitability for position of instructor.

Applicant Signature

Date

Please fill in the information requested below:

Legal Name:

Last

First

Middle (Maiden)

List any other names used if different from name listed on application:

Social Security Number

Date of Birth

Driver's license #

Issuing State

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Address

City

State ZIP