



CREATIVE INSTRUCTOR Employment Application

Please complete the following application and return along with your resume to patty@loveandmake.com

DATE OF APPLICATION

 / /

PERSONAL INFORMATION

Full Name :

SSN : Date of Birth : / /

Address :

City : State: Zip Code:

Phone :

Emergency Contact: Emergency Contact Phone:

DAYS/HOURS AVAILABLE TO WORK

Fill in your earliest available start time and latest available end time per day.

	MON	TUE	WED	THU	FRI	SAT	SUN
I have open availability.							

Minimum Hrs/Week: Maximum Hrs/Week:

Please list any days in the next 3 months when you are unavailable to work:

Date available to begin:

Disclosure, please read carefully: The majority of our workshops occur weeknights and during the day and evenings on the weekends. Our current operating hours are 5pm to 9pm Thursday-Friday, 11am to 7pm Saturday, and 12pm to 6pm Sunday. Customers usually come back an hour after class to pick up their craft and we will need to clean and set up after each class.

ADDITIONAL INFORMATION

Have you ever been convicted of a crime?

Yes

No

If yes, please explain:

If selected for employment, are you willing to submit a pre-employment drug screening test?

Yes

No

Are you authorized to work in the United States?

Yes

No

Do you have reliable transportation to and from work or to and from mobile event?

Yes

No

EDUCATION:

SCHOOL	NAME OF SCHOOL	LOCATION (MAILING ADDRESS)	YEARS ATTENDED TO AND FROM	MAJOR DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS TRADE				
PROFESSIONAL SCHOOL				

WORK EXPERIENCE

Please list your work experience for the past three years beginning with the most recent job held. Attach additional sheets if necessary.

Company Name: Name of Supervisor:

Address :

City : State: Zip Code:

Phone : Your last Job Title:

Start Date: Start Salary:

End Date: Final Salary:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company:

May we contact this employer?: Yes No

Company Name: Name of Supervisor:

Address :

City : State: Zip Code:

Phone : Your last Job Title:

Start Date: Start Salary:

End Date: Final Salary:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company:

May we contact this employer?: Yes No

Company Name: Name of Supervisor:

Address :

City : State: Zip Code:

Phone : Your last Job Title:

Start Date: Start Salary:

End Date: Final Salary:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company:

May we contact this employer?: Yes No

Have you ever been involuntarily terminated from a position of employment? Yes No

If so, please explain: (Note: this does not apply to a layoff or reduction in force for economic reasons).

REFERENCES

Please list two references other than relatives and/or current and previous employers. Please indicate name, phone number, and how you know this person.

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THANK YOU FOR YOUR APPLICATION