BARRINGTON MUSIC STUDIO
creating future stars

Instructor Application

First Name:_____Last Name:_____
City:_____State:_____
Phone:_____Email Address:_____
DOB:_____SSN:_____

Experience

Primary Instrument:_____

Up to what level can you teach this instrument? (Circle one)

Beginner Intermediate Advanced Professional

How many years of teaching experience do you have? ____ Yrs

What age students have you taught? (Circle one)

Elementary School Pre-teen Teenage Adult

Name any other instruments you teach and at what skill level?_____

Education

Highest Degree Attained:_____

Name of Institution that Awarded the Degree:_____

Additional In-Trade Experience:_____

Feel free to provide professional references:

Name:_____Phone:_____Relationship:_____

Name:_____Phone:_____Relationship:_____

Background Information

Have you ever been convicted of a felony? (Circle one) No Yes

If you are hired to provide services as an Independent Contractor (10-99), you must provide Barrington Music LLC with a current background check (BCI).

Signing this application states that you accept the 10-99 terms of employment under Rhode Island State law.

I hereby attest that all the information I have provided on this form is true. Initial____

X_____ Date___/__/____