

Instructor Application

First Name:	Last Name:		
Address:	2		
	State:		
	Email Address: SSN:		
DOD			
Experience Primary Instrument:			
Up to what level can you teach this instrument? (Circle one)			
Begin	nner Intermediate Advanced Profession	nal	
How many years of teaching experience do you have? Yrs			
What age students have you taught? (Circle one)			
Ele	mentary School Pre-teen Teenage Adul	lt	
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 re	oferences:		
Name:Phone	e:Relationship:		
Name:Phone	e:Relationship:		
	Background Information		
Have you ever been convicted of a felony? (Circle one)		No	Yes
If you are hired to provide services with a current background check (I	s as an Independent Contractor (10-99), you must p BCI).	provide Barringto	n Music LLC
Signing this application states that you accept the 10-99 terms of self-employment under Rhode Island State law.			
I hereby attest that all the information I have provided on this form is true.			Initial

X_____Date__/_/___