



Application for Employment- Teaching at RIWS

**Please Note: All instructors and assistants for children's classes will be required to agree to a CORI check.*

Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Proposed Class or Workshop:

Class/Workshop Title: _____

Number of Sessions: _____

Start date and Class time: _____

Maximum Number of Students: _____

Class/Workshop Description: _____

Employment History and Relevant Experience:

Employer Name and Address: _____

Date Employed: Start date _____ Ending date _____

Job Title: _____

Job Description: _____

Reason for Leaving: _____

Employer Name and Address: _____

Date Employed: Start date _____ Ending date _____

Job Title: _____

Job Description: _____

Reason for Leaving: _____

Employer Name and Address: _____

Date Employed: Start date _____ Ending date _____

Job Title: _____

Job Description: _____

Reason for Leaving: _____

References:

Name: _____

Occupation: _____

Relationship to applicant: _____

Phone number: _____

Name: _____

Occupation: _____

Relationship to applicant: _____

Phone number: _____

Name: _____

Occupation: _____

Relationship to applicant: _____

Phone number: _____