



ARTREE Artist Application

Complete this form and email to education@artsmerced.org. Save a copy for your records.

Date:

Name: _____ SSN: _____

Email Address:

Mailing Address:

City, State, Zip:

Phone #:

Alternate #:

Please list any professional, trade, business or civic activities and offices held. (If the activity indicates race, color, religion, sex or national origin, please list the activity as one of the categories listed above, not by name.)

Please list your education including any technical training, apprenticeships or particular skills.

Describe any experience you have working with children.

Describe how your experience as an artist will contribute to your work in the classroom as an ARTREE artist.

Describe your philosophy of art education for children.

Describe any specialized skills or qualifications, or any other information you feel MCAC should have, which is not already listed.

Please list any languages that you can speak, read or write fluently.

Language	Speak	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Start with most recent job, including military & full-time volunteer assignments.

Employer: Supervisor:
Address: Supervisor Phone #:
Your Job Title: Dates Employed:
Brief description of responsibilities: Reason for leaving:

Employer: Supervisor:
Address: Supervisor Phone #:
Your Job Title: Dates Employed:
Brief description of responsibilities: Reason for leaving:

Employer: Supervisor:
Address: Supervisor Phone #:
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REFERENCES

Please select people who are not related to you nor are previous employers.

Name	Relation	Phone #
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Name	Relation	Phone #
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Name	Relation	Phone #
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Have you filed an application or been employed here before? Yes No
If so, when?

Do you know any current ARTREE employees? Yes No
If so, whom?

Have you been convicted of a felony within the last 7 years? Yes No
If so, describe in full on separate sheet, including dates.

Do you have any medical situations inhibiting your ability to accomplish the duties of this position?

If so, please explain. Yes No

- I authorize investigation of all statements as may be necessary in arriving at an employment decision.
- I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge.
- I understand that I am required to abide by all rules and regulations of the Merced County Arts Council, Inc.
- I certify that answers given herein are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

(Email submission directly from applicant's email account implies signature.)

EQUAL OPPORTUNITY EMPLOYER

The Merced County Arts Council, Inc does not discriminate in matters of employment or admission of educational programs and activities because of race, color, national origin, marital status, sex, religion, age or disability.

Email to education@artsmerced.org by clicking the E-mail icon in the toolbar, or by going to File, Send To, Mail Recipient.