

MusicAlliance Inc Employment Application

Instructions:

Please provide the requested information. When you have completed this form, mail it to the MusicAlliance office along with a cover letter, resume, college transcripts, a copy of your teaching license/certification, and 3 reference letters to: **MusicAlliance Inc P.O. Box 1749 Mentor, OH 44061** as soon as possible.

Thank You for your interest in MusicAlliance!

Contact Information

Name _____ Maiden Name (if applicable) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Additional Phone Number (Optional) _____

E-mail Address _____

Education

Please list college(s) attended, degree earned, and major:

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What was your principal instrument in college? _____

List any secondary instruments that you are proficient at: _____

Teaching Experience

Please list the last five schools or school systems you have taught in. Please include school's name, address, position, number of years employed there, and reason for leaving.

School Name	Address	Position Held	Years Employed	Reason for Leaving

Teaching Certification/Licenses

Please list what type of teaching certificate or license that you currently hold, what level and field it is in, and the expiration date. *Please state if pending.*

PRAXIS / N.T.E. Professional Assessment Test Information

Have you:

Taken PRAXIS I (NTE)? Yes ☐ No ☐ Did you pass? Yes ☐ No ☐

Taken PRAXIS II (NTE specialty area)? Yes ☐ No ☐ Did you Pass? Yes ☐ No ☐

Taken PRAXIS III (State required mentor program)? Yes ☐ No ☐ Did you Pass? Yes ☐ No ☐

If you have not taken the PRAXIS III, under your certification requirements are you required to? Yes ☐ No ☐

Security Questions

Have you ever:

Yes ☐ No ☐ been convicted of a misdemeanor or a felony?

Yes ☐ No ☐ had, or do you have criminal charges or procedures pending against you?

Yes ☐ No ☐ been placed on disciplinary probation or been suspended from any position?

Yes ☐ No ☐ surrendered a teaching certificate/credential/license/permit, or had one denied, revoked, or suspended.

Yes ☐ No ☐ Is there any investigation or adverse action that is now pending against you?

If you answered yes to any of the security questions above, please provide a detailed explanation in the box below:

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I certify that the information furnished above, in my resume, and letters of recommendation are true and correct to the best of my knowledge. I understand that untruthful information is cause for forfeiture of employment if employed. I agree that if information or answers to these questions change before or after employment, that I will notify MusicAlliance Inc in writing.

Signature of Applicant: _____ **Today's Date** _____

Should MusicAlliance wish to schedule you for an interview, how and when is the best time to reach you?

Are there any days or times that you are **not** available for an interview (held in Mentor, Ohio)?
