

FRED ASTAIRE TEACHER APPLICATION

CONTACT INFORMATION

Name

First Name

Last Name

Address

Date of Birth

Street Name

City

Postal Code

Contact

Email

+
Mobile Phone

CHECK IF "YES" - LEAVE BLANK IF "NO"

Do you have any dance experience?

Have you ever worked in a customer service position?

Are you available Mondays - Fridays from 12pm to 10pm?

Are you interested in traveling through a dance career?

SKILLS

LEVEL 1 - 10

1. Rate your ability to self motivate

2. Rate your ballroom dancing skills

3. Rate your ability to work in a team

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Name & Signature

Date

ADMIN ONLY SECTION