

# MusicAlliance Inc Employment Application

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## 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!

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## Contact Information

Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Additional Phone Number (Optional) \_\_\_\_\_

E-mail Address \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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

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## 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.*


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## 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*

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## 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)?