

WATERWORKS



ART MUSEUM

P.O Box 1284
85 WATERPLANT ROAD
MILES CITY, MT 59301
PHONE: 406-234-0635
FAX: 406-234-0637
CCARTC@MIDRIVERS.COM

APPLICATION FOR THE POSITION OF EDUCATION DIRECTOR

PERSONAL DATA:

Name _____
Social Security # _____
Present Address _____ City _____ State _____ ZIP _____
Phone (____) _____ Cell or Message Phone (____) _____
MT Driver's License (Req'd): Operator _____ CDL _____
Email _____

EDUCATION:

Please list High School, College or University Degree or Degrees with some description:

Please list any additional training other than College or University that you have received:

Have you received any vocational training? If so what?

List any Exhibits, Shows or Awards from the past 3 years.

PREVIOUS WORK EXPERIENCE • (Complete or attach resume with same information) Begin with most recent:

1st Company _____ **Address** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment: Start _____ **End** _____ **Phone** _____

Reason for Leaving _____ **Who to contact:** _____

2nd Company _____ **Address** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment: Start _____ **End** _____ **Phone** _____

Reason for Leaving _____ **Who to contact:** _____

3rd Company _____ **Address** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment: Start _____ **End** _____ **Phone** _____

Reason for Leaving _____ **Who to contact:** _____

4th Company _____ **Address** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment: Start _____ **End** _____ **Phone** _____

Reason for Leaving _____ **Who to contact:** _____

**Do you now or have you ever held a professional license issued by a State or City Government?
If so, describe it:**

Is that license current? Yes _____ **No** _____ **If not explain:**

Have you served in the Military Forces of the United States? If so state Branch, Rank and Military Occupation:

Did you receive an Honorable Discharge? Yes _____ No _____

AVAILABILITY: _____

When can you start work? _____

**Weekend days may be required as well as occasional off-hour work schedules.
Are you willing to work a flexible shift of 40 hours per week? Yes _____ No _____**

Are you willing to travel within the service area (our education program covers a 9 county region) of the Art Center or for work related training? Yes _____ No _____

ADDITIONAL INFORMATION _____

Volunteer Work:

Summary of work experience or additional information (such as special skills, licenses, etc.)

SECURITY & BACKGROUND _____

As part of the Art Center's purpose the position of Education Director will be working with children. Because of that we are required to do a security background check on any applicant. Would you be willing to execute an Authorization for the release of any information including mental health and criminal background? Yes _____ No _____

Are you currently or have you ever been bonded? Yes _____ No _____

Have you ever been denied a bond? No _____ Yes _____ If yes, please explain

References (names of persons not related to you):

Name	Address	Phone
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Please write a paragraph about why you feel you are qualified for this position:

Our intent is to employ a “Teaching Artist” for this position. Applicants are to include the following with their application:

- 1) 10 to 20 images of your artwork. Additional images of workshop, classroom or studio activities are also encouraged. Slides or CD are acceptable.**
- 2) An Artist’s Statement**
- 3) Artist’s Biography**
- 4) Artist’s Resume of Exhibitions and Awards**

Date: _____

Signature: _____

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status or disability.

NOTICE TO APPLICANTS: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.