

TEACHER ASSISTANT APPLICATION



45 Pershing Ave., Poughkeepsie, NY 12601
845.471.7477 • Fax 471.7507

Name: _____ Age: _____

Address _____ Email: _____

Home Telephone: _____ SS#: _____

EDUCATION

H.S. & College: _____ Year of Graduation: _____

College Major: _____ Interests: _____

EXPERIENCE

Describe any experience you have had working with children/teens: _____

Have you ever worked as a CIT, counselor, or teacher's assistant at:

Dutchess Arts Camp The Summer Art Institute Other Camp/s Years: _____

Describe your experience: _____

WORK EXPERIENCE

Please list any relevant work experience you have, contacts, & phone numbers: _____

PERSONAL REFERENCES

Please list the name, address & telephone number of three references: _____

1 _____

2 _____

3 _____

Please write a small paragraph describing your greatest strength and weakness. (use back of form)