

* Please attach a 1-2 page resume with cover letter.



AWE Truck Studio Team Application Check List

Step 1: Fill in Truck Studio Team Application

Step 2: Tell us about yourself
Attach a cover letter and resume!

Step 3: For online applications, mail or fax in the
Background Check page with your signature.

Step 4: AWE processes your application.
The AWE Program Coordinator reviews your application and will
contact you within two weeks to set up an informal interview.

AWE, Inc.

2819 W. Highland Blvd. • Milwaukee, WI 53208

Phone: (414) 933-3877 • Fax: (414) 344-7071

E-mail: mary@awe-inc.org • Web: www.awe-inc.org

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AWE Truck Studio Team Application

PERSONAL INFORMATION:

Name (Last Name First): _____

Present Address: _____
Street, Apt. No. City State Zip

Permanent Address: _____
(if different) Street, Apt. No. City State Zip

Home Phone: _____ Cell Phone: _____ Work: _____

Fax: _____ Email: _____

How did you hear about AWE? (Check all that apply)

- Employment Agency Newspaper Ad Friend AWE website
College Placement Service Email Other

Ever worked with AWE before? _____

Where & When? _____

POSITION YOU ARE INTERESTED IN: (Check only ONE)

Lead Teacher Truck Studio Intern

If you are applying for the Lead Teacher position and are not chosen, would you accept a position as a Truck Studio Intern?

Yes No

* Please attach a 1-2 page resume with cover letter.

DISCIPLINE: Check any that you have significant experience in working with and/or teaching.

Visual Arts:

Ceramics/Sculpture Video/New Media Photography Mixed Media

Painting/Drawing Fiber Arts Puppetry Web/Graphic Design

Multi-Disciplinary:

Folk or Traditional Arts (Please specify): _____
(Traditional arts or crafts handed down within your community or culture) _____

EDUCATION: Highest Level Attained Only.

School Name: _____

School Address: _____

No. of Years Attended: _____ Date of graduation: _____

Degree/Certificate Received: _____

REFERENCES: Below, please give the names of three persons familiar with your work to whom you are not related, and whom you have known for at least one year.

1) Name: _____ Phone: _____

Address: _____

Business: _____

Years Acquainted: _____

2) Name: _____ Phone: _____

Address: _____

Business: _____

Years Acquainted: _____

3) Name: _____ Phone: _____

Address: _____

Business: _____

Years Acquainted: _____

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BIOGRAPHY:

Please submit a brief biography (no more than 100 words) that may be published in grant reports and in other AWE materials.

TEACHING ARTIST/TEACHER OF ART APPROACH: (Please answer each question, use additional pages as necessary).

Please describe your personal mission and philosophy as a Teaching Artist or Teacher of Art and your approach to working with children.

Truck Studio teams often come across the unexpected. What is your method for thinking and working through unexpected challenges or chaotic situations?

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BACKGROUND CHECK:

AWE conducts a criminal background check for all employees, independent contractors and volunteers. The purpose of the check is to ensure there is nothing that would render them unfit to work with children. Background checks shall be completed in the state(s) in which the individual resided for at least 6 months in the last 5 years and was 18 years old or older at the time.

The criminal background check is done through the Wisconsin Criminal Investigation Bureau, and statewide public records are searched for criminal convictions. Results of the check will be disclosed to any individual before being submitted to any outside individual or agency.

AWE follows federal and state law and does not discriminate based on the results of the check unless there is a clear relationship between the criminal offense discovered and the nature of the volunteer or paid work to be performed.

Today's Date: _____ Date of Birth: __ Month __ Day __ Year

First Name: _____ M.I. ____ Last Name _____

Street: _____ City: _____ ZIP: _____

Please list any other names or variations of names you have used _____

If you lived in any other state for at least 6 months during the past 5 years and were age 18 or older, please list past address (es)

Street _____

City _____ State _____ ZIP _____

AUTHORIZATION:

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for cancellation of any contract with AWE.

I authorize investigation of all statements contained herein and the references listed above to give you any and all pertinent information they may have, personal or otherwise and release AWE from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the organization has any authority to enter into any agreement for services for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized organization representative."

Date _____ Signature* _____

*** If you are submitting this form online, please mail or fax this Background Check page with your signature to the address or fax number listed below.**

THIS SECTION TO BE COMPLETED BY AWE:

Background Check Results: _____

Completed By: _____ Date _____

Print name:

Signature _____

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