



INSTRUCTOR APPLICATION (2 page document)

(use for full-time, part-time and guest lecture)

Please note, all information will remain personal & confidential

First Name	Middle Initial	Last Name
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On-air alias / on-air name (if applicable)	Social Security #
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Street Address	Apt #
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City	State	Zip
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Best email address

Best phone number	Work phone	Cell phone
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The best time to reach me via phone is:

Place of employment	Title
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Length of time with my current employer

Total number of years experience in Broadcasting

Broadcast Work Experience & History (listing most recent first)		
Company/City	Title/JD	Dates

Please list equipment, software and programs in which you are proficient:

Your Availability: Morning Afternoons Evenings Saturday

Please list any previous teaching experience:

Educational Background (listing most recent first)

School	City	Subject	Degree	Dates
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By my signature, I indicate the above information is true and correct. I further give consent for Carolina School of Broadcasting to contact my current and previous employers. I agree to help CSB facilitate the acquisition of any educational transcripts and understand I will be required to attend a brief New Instructor Orientation Session prior to instructing any class at Carolina School of Broadcasting.

Printed Name	Signature	Date
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Return options:

- Via Post office to 3435 Performance Road Charlotte NC 28214
- Email: ken@carolinaschoolofbroadcasting
- Email: csbnc@bellsouth.net