



# Fred J. Miller Summer Clinics

## Employment Application

2008

Name (First Middle Last):

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

High School(s) You Attended: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Grade Point Average \_\_\_\_\_

College You Attend/Will Attend/Have Attended: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Final date you attended if you did not and will not graduate: \_\_\_\_\_

Section for which you are applying (color guard, drum major/student leader, twirling, dance): \_\_\_\_\_

Do you have experience in another section? If yes, which one(s): \_\_\_\_\_

List experience in your specialty area(s): \_\_\_\_\_

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List 3 References

Name	
Title/Position	
Phone #	
Email	
Name	
Title/Position	
Phone #	
Email	
Name	
Title/Position	
Phone #	
Email	

1. Have you ever attended an FJM Clinic; if so, where and when?

2. Why do you want to be an FJM Clinic Instructor?

3. Describe how you would be an asset to the FJM Summer Clinic Program.