



TUTORING APPLICATION

Equal access to programs, services and opportunities is available to all persons. Those individuals requiring accommodation to the application and/or tutoring process should inform the appropriate person.

Application Date: _____

Applicant Information

Name: _____ Social Security No. _____
Last Name First Name M.I

Contact Information

Home Telephone Mobile Email Address

Best place & time to contact you Home Work Time _____ Are you under 18 years of age? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Address _____
Street Address Address Line 2 City State Zip Code

Position Information

Position Seeking _____ Driver's License No. _____ State _____

Type of employment desired Full Time Part Time Can you work overtime? Yes No
More than 40 hrs per week

Can you travel if the job requires it? Yes No Do you have access to reliable transportation? Yes No

Date Available for Work _____ Are you legally eligible for employment in this country? Yes No
Proof of U.S. citizenship or immigration status will be required upon employment

Have you been convicted of a felony in the last seven years? Yes No
 If yes, please explain _____

Work History (List your last four employers starting with the most recent)

Are you currently employed? Yes No May we contact your current employer? Yes No

MM/YY	Employer Name, City and Zip	Immediate Supervisor	Position
From _____	Name _____	Name _____	Title _____
To _____	City/Zip _____	Phone _____	Start Pay _____
Reason for leaving: _____		Email _____	Final Pay _____
MM/YY	Employer Name, City and Zip	Immediate Supervisor	Position
From _____	Name _____	Name _____	Title _____
To _____	City/Zip _____	Phone _____	Start Pay _____
Reason for leaving: _____		Email _____	Final Pay _____

MM/YY	Employer Name, City and Zip	Immediate Supervisor	Position
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Reason for leaving: _____		Email _____	Final Pay _____
MM/YY	Employer Name, City and Zip	Immediate Supervisor	Position
From _____	Name _____	Name _____	Title _____
To _____	City/Zip _____	Phone _____	Start Pay _____
Reason for leaving: _____		Email _____	Final Pay _____

Education and Skills

	Name of School	City, State of School	Course of Study	No. Years Completed	Diploma/Degree
High School	_____	_____	_____	_____	_____
Undergraduate College	_____	_____	_____	_____	_____
Graduate/Technical	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____

SPECIALIZED SKILLS

Describe any specialized training, internships, skills, etc. that may be applicable to the position to which you are applying

List professional, business or civic activities and offices held that may be applicable to the position to which you are applying

Primary Language: _____ Other Language(s) (Specify) _____

COMPUTER SKILLS

Specify the software brand (Microsoft, Apple etc) you are familiar with, attach test scores if available & check your skill level

Type of Software	Basic	Intermediate	Expert	Software
Windows OS	_____	_____	_____	_____
Word Processing	_____	_____	_____	_____
Spreadsheet	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Email	_____	_____	_____	_____
Web Page Creation	_____	_____	_____	_____
Database	_____	_____	_____	_____
Financial	_____	_____	_____	_____
Evaluation	_____	_____	_____	_____
Internet Research	_____	_____	_____	_____
Other	_____	_____	_____	_____

REFERENCES

PROFESSIONAL: *Not including Supervisors listed in the work history section*

Name	Business	Title	Phone Number	Best Time to Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL *Not including family members (Optional)*

Name	Your Relationship to this Person	Phone Number	Best Time to Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S STATEMENT:

I understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the service of Partners Advancing Student Success.

I give Partners Advancing Student Success, Inc. the right to investigate all references and to secure additional information about me. I release Partners Advancing Student Success, Inc. and its representatives from liability for seeking such information, and all other persons, corporations or organizations for furnishing such information.

Partners Advancing Student Success, Inc. is an Equal Opportunity Employer. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 60 days only. At the conclusion of this time, if you have not heard from Partners Advancing Student Success, Inc. and still wish to be considered, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, Partners Advancing Student Success, Inc. reserves the right to terminate any agreement at any time, with or without cause and without prior notice. I understand that no representative of Partners Advancing Student Success, Inc. has the authority to make any assurances to the contrary.

I understand it is the policy of Partners Advancing Student Success, Inc. not to refuse a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Applicant Name

Applicant Signature

Date