

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date	_	
Last name	First name	Middle name
Street Address		
City	State ZIP	
Telephone	Social Security # _	
Are you a U.S. citizen provide documentatio		S. on an unrestricted basis? (You may be required to
Are you looking for p	art-time employment? 🗖 Yes 🛛 No	
What hours are you av	vailable?	
Are you willing to wo	rk Saturdays? 🗖 Yes 🛛 No	
Do you like working v	with children one-on-one?	
What grade levels hav	/e you tutored? □ K-6 □7-9 □10-12	
What subjects have yo	ou tutored? □Language-Arts □Math □Re	ading History Science
What are your favorite	e subjects?	
	onvicted of a felony? (Due to the nature of a been convicted of a felony.) U Yes	of our organization, we will not be able to hire No
Employment Desired	1	
Position applied for		
How did you hear of t	his opening?	
Are you presently emp	ployed? 🗖 Yes 📮 No	
May we contact your	present employer? 🗖 Yes 🛛 No	
Are you available for	part-time work? 🗖 Yes 🛛 No	
Are you willing to tra-	vel? I Yes I No If yes, what percent?	
Date you can start		
Desired position		
Desired starting salary	y	
	skills with tutoring student's	

Education (Name, L	ocation, Degree)		
			_
In addition to your wo	ork history, are there are other	skills, qualifications, or experience th	nat we should consider?
Please list any scholas	stic honors received and office	es held in school.	
Are you planning to c	ontinue your studies?	s 🗖 No	
If yes, where and what	t courses of study?		
Employment History	(Start with most recent	t employer)	
		Telephone	
		Starting Position	
	Ending wage	Ending Position	
Name of Supervisor May we contact?  Y			
•			
Kesponsionnies			
Reason for leaving			
Company Name			
		Telephone	
		Starting Position	
		Ending Position	
Name of Supervisor _			

May we contact? 🗖	Yes 🗖 No	
Responsibilities		
Company Name		
		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor	r	
May we contact? 🗖	Yes 🗖 No	
Responsibilities		
Passon for leaving		
Reason for leaving		
References		
List three personal r	references, not related to you, wh	to have known you for more than one year.
Name	Phone	Years Known
Address		
Name	Phone	Years Known
Address		
		Years Known
Address		
Emergency Contac	ct	
In case of emergenc		
e		Phone
	Phone	

Address \_\_\_\_\_

## **Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature	Date