

# AMERICA READS TUTOR APPLICATION

Date Received:

1600 Holloway Avenue, San Francisco State University, College of Education  
Cahill Laboratory, BH 319, San Francisco, CA 94132-4252  
Contact Person: Rita Yee (415) 338-1497

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- \* Complete application
- \* Hand deliver or mail application

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Address (Number, Street, City, State-Zip) \_\_\_\_\_

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Telephone: Residence ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Message/Pager ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

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## GENERAL INFORMATION

1. Do you qualify for work-study?  Yes  No-You are not eligible for this job.
2. Do you agree to enroll in a 3-unit EED training course? (Fall, 2005)  Yes  No

Stop if answers no to questions 1 and 2. Continue to 3 if answers yes to 1 and 2

3. Do you need to complete the 45 hours field experience for the credential program?  Yes  No
4. Are you available to work up to 10 hours a week, between 8 AM to 3 PM?  Yes  No
5. Are you interested in a teaching career?  Yes  No
6. Are you presently employed?  Yes  No 7. May we contact your employer?  Yes  No

## KNOWLEDGE, SKILLS AND ABILITIES

8. Do you have a valid Driver's License?  Yes  No

9. Have you been convicted of a felony?  Yes  No

10. List language(s) you speak, write and read fluently?  
\_\_\_\_\_  
\_\_\_\_\_

11. List hobbies or special skills  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe your paid and volunteer experiences that are applicable to this position. Use separate sheet and attach to application.

13. Semester graduating Fall \_\_\_\_\_ Spring \_\_\_\_\_

14. Major \_\_\_\_\_ Minor \_\_\_\_\_

**OPTIONAL**

15. Ethnicity \_\_\_\_\_

16. Gender  Male  Female

**LIST PRESENT/PREVIOUS POSITIONS AND VOLUNTEER WORK, STARTING WITH MOST RECENT POSITION. DESCRIBE IN DETAIL THE DUTIES PERFORMED.**

1. Firm Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Address: (Number, Street, City, State-Zip) \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Description of Duties: \_\_\_\_\_

2. Firm Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Address: (Number, Street, City, State-Zip) \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Description of Duties: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Address: (Number, Street, City, State-Zip) \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**THIS APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING IS READ AND SIGNED**

I certify that all the information on this form is true and correct. If employed, I will promptly inform my employer of any changes on this application. I am aware that the SFSU College Work-Study employment is part-time and temporary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send/or deliver completed applications to:

**AMERICA READS  
San Francisco State University  
College of Education, Cahill Lab  
1600 Holloway Avenue, BH 319  
San Francisco, California 94132  
Attn: Rita Yee**