

Date of Application _____

Apply for (Check all that apply) and add year

EMPLOYMENT APPLICATION

CSU Fullerton
657-278-2738

- FALL
- SPRING
- SUMMER (limited)



Campus Wide ID _____ SS# _____ Birthdate _____
 M D

Last Name First Name Middle Name

Present Address:

Permanent Address:

Street _____

Street _____

City/State _____ Zip Code _____

City/State _____ Zip Code _____

Cell phone _____

Are you currently authorized to work in the United States? Yes No

Home phone _____

If not, please state your current immigration status: _____

CSUF
E-mail _____@csu.fullerton.edu

Student Status: Undergraduate Dates: From _____ Expected Grad Date: _____

As an applicant for one-on-one tutoring, what classes or subject area would you be comfortable with and capable of tutoring?

What classes have you taken to qualify you (B or better) for this position? What were your grades in these classes?

- _____ A B C
- _____ A B C
- _____ A B C
- _____ A B C

Education – College, University, and other schools in special subjects.

Name of Institution	Location	Dates of Attendance		Degree, Diploma or Number of Units Earned	Date received and Major Subject
		From	To		

Note: Indicate specialization within the major (i.e. Latin American History, Elementary Education, Abnormal Psychology). If candidate for a degree, indicate major subject, date degree expected, and awarding institution

Professional achievements (including publications, memberships in professional and honor organizations), research, and creative activities – indicating sponsoring agencies, if any. Note; Use supplemental sheet, if necessary.

Teaching experience and other Employment (List most recent experience first)

Name of Institution Or Other Agency	Position Title	Location City and State	Full Time? Part time? (if so, how many hours)	Date (Month and Year)	
				From	To

Are you now or do you plan to work elsewhere on campus? Yes No

If yes, for how many hours per week? _____ Who is or will be your supervisor _____

Please list 2 references, in addition to the individual who you have asked to send the recommendation form, that are familiar with your professional and/or academic record that we may contact:

Recommendation form from:	First additional reference	Second additional reference
_____ Name	_____ Name	_____ Name
_____ Position	_____ Position	_____ Position
_____ Phone number	_____ Phone number	_____ Phone number
_____ Street	_____ Street	_____ Street
_____ City/State Zip Code	_____ City/State Zip Code	_____ City/State Zip Code

The above statements are true to the best of my knowledge and belief.

Signature _____
Date

Please give an estimate of your weekly availability – we ask for a minimum of 10 hours, spread throughout the week and an Academic Year commitment.

Monday 9AM-7 PM	Tuesday 9 AM-7 PM	Wednesday 9AM-7PM	Thursday 9AM-7PM	Friday 9-12 *

*The ULC has mandatory monthly tutor training on a Friday from 12:30 – 1:30 pm. This is a requirement for employment, and cannot conflict with your classes or other employment. Your initial here ____ means you agree.