



TUTORING EMPLOYMENT APPLICATION

NAME _____

ADDRESS _____

HOME PHONE _____ **CELL** _____ **EMAIL** _____

EDUCATION

Degrees (including in process) Academic Institution City/State

WORK/TEACHING/TUTORING EXPERIENCE

School OR Organization City/State Years

EXPERIENCE IN AREAS OF INTEREST (Subjects, Special Ed, Learning Disabilities, Others)

REFERENCES (Please include contact information)

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____

◇◇◇
5621 Strand Blvd – Suite 108, Naples, FL 34110
239-254-9807 ◇ fax 239-254-8267
www.apluskills.com
deb@apluskills.com

TUTORIAL PREFERENCES

Subject Areas

Grade levels

Specialization (s)

AVAILABILITY

Days

Hours

ACADEMIC YEAR:

SUMMER:

CONTACT (in case of emergency)

NAME

PHONE NUMBER

ADDITIONAL COMMENTS

RELEASE/ACKNOWLEDGEMENT

In consideration of my possible employment by A+ Skills Tutoring Service, Inc., I _____ give A+ Skills Tutoring Service, Inc. permission to conduct a background investigation which may include calling references, police checks and any other investigation which the Company may deem appropriate to screen childcare and education providers.

Also, in consideration of my employment as a Tutor by A+ Skills Tutoring Service, Inc., I agree to never directly solicit, for the purpose of providing tutoring services, any parent or student introduced by A+ Skills Tutoring without the Company’s written consent. Should the parent or student solicit me, I agree to refer them to A+ Skills Tutoring Service, Inc. and not to work for the parent or student directly.

I also agree not to work for a competitive tutoring service during the time period of my employment by A+ Skills Tutoring Service, Inc. without the Company’s express written consent.

Acknowledged and Agreed:

Name

Signature

Date