

A A PIE (All About Partners In Education), LLC
Application
Website: www.partnerined.com Email: info@partnerined.com
1.877.814.6556 Fax

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home) _____ (work) _____

(Cell) _____ (E-mail) _____

SSN _____ DOB: _____ Drivers License # _____

Current Occupation _____

Employer : _____ How Long: _____

Education:

Please Indicate Years of Education Completed:

High School _____ College: _____

Name of College(s) or University(s): _____

Address: _____

Degree(s): _____

Other: _____ Area of Study: _____

Are you currently a certified teacher: _____

Of years teaching: _____

Have you ever worked as a private tutor?: _____ How Long? _____

Have you ever worked for a tutoring company?: _____ How Long? _____

Which one? _____

If tutoring cannot be done at a student's home, are you willing to tutor at another location? (School, Community Center, Church, Library, etc.) _____

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Are you willing to work with more than one student at a time (groups)? : _____

Please list the areas (city locations) you would be willing to tutor:

Please indicate the number of hours per week you desire to work as a tutor:

____ 2-4hrs ____ 6-8 hrs ____ 8-10 hrs ____ 10-15 hrs ____ > 15 hrs

Please indicate the grade level(s) of students you would prefer to tutor

Which subjects can you assist with? (You may check more than one choice.)

____ Reading ____ Math/Pre-Algebra/Algebra/Geometry ____ Science

Please indicate the level of instruction you desire to provide:

____ Special Needs ____ Remedial ____ Current Skills Maintenance ____ Gifted

Do you have experience with learning disabled students? _____

If so, please mark all that apply: ____ ADD ____ ADHD ____ DYSLEXIA

Do you have any special skills or training that will aid in the development of our students? _____ Do you speak another language fluently? _____

If yes, please explain:

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Professional references & telephone numbers (Tutoring References):

Name	Telephone No.	Yrs. Known

Personal references & telephone numbers:

Name	Telephone No.	Yrs. Known

TRANSPORTATION

Do you have a Motor Vehicle? _____

BACKGROUND

Have you ever been convicted of a misdemeanor/felony crime? _____

If yes, when, where, and for what crime? _____

Will you submit to a background check? _____

I certify that the information I have provided on all the pages above is true, accurate and correct:

Signature

Date