



**BEFORE
APPLYING**

* Read Job Description & Requirements
* Select Position You Are Applying For Below

FRESNO STATE

Learning Center

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N
T

<input type="checkbox"/> Tutor	<input type="checkbox"/> Grad. Intern.- <u>Fill section 1,3,4</u>
<input type="checkbox"/> Supplemental Instruction Leader	<input type="checkbox"/> Student Assistant- <u>Fill section 1,3,4</u>

Student Campus ID Number _____

Last Name (As it appears on social security card) _____ First Name _____ MI _____ Other Preferred: First Name _____

Local Address _____ City _____ Zip Code _____

Telephone _____ MSG/Cell Phone _____

YES NO
Work Study- Funding
Eligible through Financial Aid

EMAIL: _____ Daily Rarely
Fresno State Email

EMAIL: _____ Daily Rarely
Alternate Email

How many <u>hours</u> are you available to work? Hours: _____	Are you available evening hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Some positions at LC may have evening hours
On Campus: Are you currently employed on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" how many hours per week do you work? Hours: _____	Where on campus: _____
(Off Campus Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No - (Fill out back of application)	Supervisor Name: _____
Position: _____	Phone: _____

SECTION #1 EDUCATION & CONSENT

OFFICE USE

Student level: Freshmen Sophomore Junior Senior Post Grad/Graduate

Major: _____

Units enrolled in: _____ Cumulative GPA: _____

Expected semester and year of graduation: _____ Semester _____ Year _____

When considering my application the Learning Center professional staff has my consent to download my class schedule to verify my availability: Yes No Initials: _____

Start Date: _____

Returning New Hire
 Work Study Other

Pay Rate: \$ _____

I-9: _____

Area: _____

SECTION #2 SUBJECT

Budget:

PRIMARY SUBJECTS: You must have received a "B" or better in each course.

LC Bridge - LC
 SI Bridge SI
 SN Bridge SN
 EOP Bridge EOP
 *Other

SUBJECT COURSE # FACULTY

(1) _____

(2) _____

* OTHER: _____

ALTERNATIVE SUBJECTS: I am willing to tutor the following courses as well.

SUBJECT COURSE # FACULTY

____ Schedule Excel Sheet

____ Status Sheet

____ Confidentiality sheet

____ Schedule

____ Faculty Check

____ M ____ F

____ Contract

____ Picture

____ Picture TutorTrac

____ TutorTrac

____ **Mail Box**

____ Name Tag

____ Folder

____ OSHA

____ People Soft & Check _____

____ Employed on campus Hr.

Example:	Math	Example:	100, 47, 4RA	Example:	Dr. Marshal
(3)					
(4)					
(5)					
(6)					
(7)					

See Back →

SECTION #3

WORK EXPERIENCE

Position	Organization	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list at least three professional references along with their contact information:

Name	Email/Other	Phone Number
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

SECTION #4

WHY DO YOU FEEL YOU QUALIFY FOR THIS POSITION

I certify that the information submitted in this application is correct, the email address I have provided may be used to contact me about my application and services I may find useful.

Sign: _____ Date: _____

Applicants Signature



QUESTIONS REGARDING POSITION: ↓ Contact the following persons for additional information.

LEARNING CENTER
 559.278.3052
 FAX: 278.7460
 Henry Madden Library
 Collections (Basement)
 5200 N. Barton Ave. M/S ML44
 Fresno, CA 93740-8014



→ Tutoring



→ Grad. Intern

Contact:
William Hardaway
 Academic Support Coordinator



→ Supplemental Instruction
Leader



→ Grad Intern.

Contact:
Mai Kou Vang
 Academic Support Advisor
 mvang@csufresno.edu



→ Student Assistant
Front Desk

Contact: **Karen Lowe**
 Administrative Support
 karenlo@csufresno.edu
 559.278.8437

WWW.FRESNOSTATE.EDU/LEARNINGCENTER

OFFICE USE ONLY

Date	Comments
_____	_____
_____	_____
_____	_____
_____	_____

RECOMMENDATION

The student below has applied for a position at the Learning Center. Our office provides tutoring in different subject areas, academic success workshops, supplemental instruction, and academic coaching. To help us ensure that students receive high quality services, we would like candid feedback regarding this applicant and their potential. Please return the completed recommendation to the Learning Center address is located on the back.

STUDENT FILL OUT

Student: _____
PRINT First Last

<input type="checkbox"/> Tutor	<input type="checkbox"/> Grad. Intern.
<input type="checkbox"/> Supplemental Instruction Leader	<input type="checkbox"/> Student Assistant

Student Campus ID

Recommendation From: Faculty Other Position/Title: _____

Name: _____
PRINT First Last

Work experience in position/other requesting recommendation:

Position Organization Dates of employment/other

EVALUATION

Student's ability to serve in this position: (Circle the number that best applies to the applicant)

NA - Does not apply 1 - Fair 2 - Average 3 - Above Average 4 - Unable To Evaluate

QUALIFICATIONS

Knowledge of Subject/Area	NA	1	2	3	4
Academic Maturity	NA	1	2	3	4
Interact easily with people/students	NA	1	2	3	4
Verbal Communication Skills	NA	1	2	3	4
Potential to Teach	NA	1	2	3	4

SKILLS

Critical Thinking	NA	1	2	3	4
Research	NA	1	2	3	4
Problem solving	NA	1	2	3	4
Organization	NA	1	2	3	4
Application of new strategies	NA	1	2	3	4

RECOMMENDATION

Highly recommend this student	NA	1	2	3	4
Have reservation in recommend this student	NA	1	2	3	4
Do not recommend this student	NA	1	2	3	4

ADDITIONAL COMMENTS

EVALUATOR FILL OUT



Signature: _____ Date: _____

Phone: _____ Email: _____

Questions regarding the center or other information please contact us, read back page for additional information - **See Back** →