



**BEFORE  
APPLYING**

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

**FRESNO STATE**

Learning Center

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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 \_\_\_\_\_

EMAIL: \_\_\_\_\_  Daily  Rarely  
Fresno State Email

EMAIL: \_\_\_\_\_  Daily  Rarely  
Alternate Email

YES  NO  
**Work Study- Funding**  
Eligible through Financial Aid

<b>How many <u>hours</u> are you available to work?</b> Hours: _____	<b>Are you available evening hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Some positions at LC may have evening hours
<b>On Campus:</b> 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: _____
<b>(Off Campus Employment:</b> <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) _____	_____	_____

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

SUBJECT	COURSE #	FACULTY
Example: Math	Example: 100, 47, 4RA	Example: Dr. Marshal
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____
(7) _____	_____	_____

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

- \_\_\_\_\_ 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.

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** →