



**LAREDO
COLLEGE**
EST. 1947

Laredo College
Center for Learning, Academic, and Student Success
Tutor Application for Employment

Requirements:

1. 3.00 GPA in Subject Area and 2.75 GPA Overall (3.00 GPA Overall preferred).
2. Completed 6 hours of college-level courses in tutoring subject area.
3. Enrolled in 6 hours at Laredo College.
4. Recommendation from a Laredo College Instructor, or Department Chair.
5. Maintain a 70% or higher Satisfactory Academic Progress (SAP) rate.

DATE: _____ POSITION APPLYING FOR: _____

APPLICANT'S FULL NAME: _____ STUDENT ID #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY/CELL PHONE: _____ STUDENT E-MAIL: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES ___ NO ___

Have you ever been convicted of a felony or pleaded guilty no contest (no lo contendere) to a felony of offense involving moral turpitude? (Including, but not limited to, theft, rape, murder, swindling, indecency with a minor, etc.) or of an offense under Chapter 481, Health and Safety Code(Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code? Yes ___ No ___

Do you have any relatives employed at Laredo College? YES ___ NO ___ If yes, please list them below:

NAME: _____ POSITION/DEPARTMENT: _____

ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___ IF YES, NAME OF EMPLOYER/POSITION: _____

NAME OF SUPERVISOR: _____ # OF HOURS PER WEEK: _____

INSTITUTION ENROLLED: _____ NUMBER OF HOURS ENROLLED: _____

CUMULATIVE GPA: _____ OVERALL INSTITUTION GPA: _____

LIST THE COURSES THAT YOU HAVE ENROLLED FOR IN THE SUBJECT AREA:

COURSE(S)	INSTRUCTOR'S NAME	GRADE
_____	_____	_____
_____	_____	_____

INSTRUCTOR'S NAME (PRINT): _____ DATE: _____

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

I hereby certify that the information above is true and accurate to the best of my knowledge. I understand that falsification of information will void my employee contract and could result in termination. I understand that if I am hired, my performance is subject to periodic review and evaluation.

APPLICANT'S SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

APPLICATION RECEIVED BY: _____ DATE: _____ DOCUMENTS ENCLOSED: APPLICANT'S TRANSCRIPT ___ SCHEDULE ___

APPLICANT MEETS TUTOR REQUIREMENTS: YES ___ NO ___ INTERVIEW PROPOSED DATE & TIME: _____

RECOMMENDED BY: _____ APPROVED BY: _____
SUBJECT AREA TUTOR COORDINATOR DATE DIRECTOR DATE