



**Laredo College**  
**Center for Learning, Academic, and Student Success**  
**PEER MENTOR Application for Employment**

**Requirements:**

1. 3.00 GPA Overall.
2. Completed 1 semester of college-level coursework.
3. Enrolled at Laredo College as an undergraduate student.
4. Recommendation from a Laredo College Instructor.

DATE: \_\_\_\_\_

POSITION APPLYING FOR: *PEER MENTOR*

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: \_\_\_\_\_

NUMBER OF HOURS ENROLLED AT LC: \_\_\_\_\_

OVERALL INSTITUTION GPA: \_\_\_\_\_

**INSTRUCTOR'S RECOMMENDATION**

INSTRUCTOR'S NAME (PRINT): \_\_\_\_\_

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 MENTOR REQUIREMENTS: YES \_\_\_\_ NO \_\_\_\_ INTERVIEW PROPOSED DATE & TIME: \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_ DATE \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
STAFF DIRECTOR

Please return this form to:  
The CLASS Department YL 111