

Professional Tutors of America, Inc.			Office Use Only	
www.professionaltutors.com 3350 E. Birch Street, Suite 201 Brea, California 92821	(800) TEACH US (800) 832-2487	info@professionaltutors.com (714) 671-0181 FAX: (714) 996-0080	TG: _____	Rate: _____
			Area: _____	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> S

Last Name: _____ First Name: _____ Middle: _____ Sex: F M

Address: _____ City: _____ State: _____ Zip: _____
(No P.O. Boxes)

County: _____ E-Mail: _____ Home #: _____ ()

Cell #: _____ () Fax #: _____ () Social Security#: _____

Current Employer: _____ Position: _____

Employer's City: _____ Work #: _____ ()

Emergency Contact: _____ Phone #: _____ ()

Do you have liability auto insurance? Yes No

Do you have a laptop with internet access? Yes No Dial-up modem Wi-Fi Aircard

EDUCATIONAL BACKGROUND	Name of School	Attending		Graduated		Degree and Date	Major / Minor
		Yes	No	Yes	No		
College		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Graduate School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

BILINGUAL: Please specify language(s) and indicate level as beginning, intermediate, or advanced: _____

KNOWLEDGE & EXPERIENCE Briefly describe any work experience (only as it pertains to education): _____

TESTING INSTRUCTION SAT ACT GED CAHSEE Other : _____

TEACHERS ONLY Experience Teaching: Elementary ____ years High School ____ years Adult/College ____ years
Specialties: _____

SUBJECTS Please mark the boxes with an "x" for the subject matter and grade level you are capable of instructing.
Note subjects in bold are in higher demand.

<input type="checkbox"/> K - 5th Math	<input type="checkbox"/> English/Lang Arts <input type="checkbox"/> K-5 <input type="checkbox"/>	<input type="checkbox"/> Biology	<input type="checkbox"/> ESL/ELL
<input type="checkbox"/> Algebra I	<input type="checkbox"/> English (High School/College)	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Spanish I
<input type="checkbox"/> Geometry	<input type="checkbox"/> Reading (Teachers only)	<input type="checkbox"/> Physics	<input type="checkbox"/> Advanced Spanish
<input type="checkbox"/> Advanced Math	<input type="checkbox"/> Writing	<input type="checkbox"/> Advanced Science	<input type="checkbox"/> Other Languages: _____
<input type="checkbox"/> Accounting/Business	<input type="checkbox"/> Study Skills	<input type="checkbox"/> Social Studies (High School)	_____
<input type="checkbox"/> Statistics	<input type="checkbox"/> Computer Training:	<input type="checkbox"/> Corporate Workshops:	<input type="checkbox"/> Music (Instrument): _____
<input type="checkbox"/> Economics	<input type="checkbox"/> _____ (programs)	<input type="checkbox"/> _____ (topics)	<input type="checkbox"/> Other Subjects: _____

SPECIAL EDUCATION Speech & Language Therapist Occupational Therapist Lindamood Bell
 Orton Gillingham/Wilson Reading Specialist ABA - Applied Behavioral Analysis

Authorization (Level 1, 2, & Mild to Moderate, etc): _____ Other: _____

COUNSELING Educational Vocational Job Skills Placement Psychologist
Other: _____

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

Signed: _____ Date: _____