

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	employment@professionaltutors.com	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 #: (____) _____ 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 ☐Wi-Fi ☐Aircard

EDUCATIONAL BACKGROUND	Name of School	Attending Yes No	Graduated Yes No	Degree and Date	Major / Minor
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 ☐ Middle School ____ years ☐ Adult/College ____ years
 Specialties: ☐ High School ____ years

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.

K - 5th Math Algebra I Geometry Advanced Math Accounting/Business Statistics Economics	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> English/Lang Arts <input type="checkbox"/> K-5 <input type="checkbox"/> MS English (High School/College) <input type="checkbox"/> Reading (Teachers only) <input type="checkbox"/> Writing <input type="checkbox"/> Study Skills <input type="checkbox"/> Other Subjects: <input type="checkbox"/>	Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics <input type="checkbox"/> Advanced Science <input type="checkbox"/> Social Studies (H.S.) <input type="checkbox"/>	ESL/ELL Spanish I <input type="checkbox"/> Advanced Spanish <input type="checkbox"/> Other Languages: <input type="checkbox"/> Music (Instrument): _____ <input type="checkbox"/>
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SPECIAL EDUCATION <input type="checkbox"/>	Speech & Language Therapist <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>	Lindamood Bell <input type="checkbox"/>
	Spire Reading <input type="checkbox"/>	Sonday Reading <input type="checkbox"/>	ABA - Applied Behavioral Analysis <input type="checkbox"/>
	Orton Gillingham/Wilson <input type="checkbox"/>	Reading Specialist <input type="checkbox"/>	

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: _____

