



New Tutor Application Form

CMH Tutoring
 2125 E. Crawford Place
 Salina, KS 67401
 (785) 342-9671
cmh_tutoring@hotmail.com

PERSONAL INFORMATION (Please print or type all information.)

Last Name:		First Name:	Middle Name:	Date:
Street Address:		City, State	Zip Code:	
Home Telephone:		Cell Telephone:		
Work Telephone:		Email Address:		
Social Security Number:				
Can you show verification of your legal right to work in the United States? Yes ☐ No ☐			Are you at least 17 years old? Yes ☐ No ☐	
Have you ever been convicted of a felony which has not been expunged or sealed by a court? Yes ☐ No ☐				

POSTION APPLYING FOR:

Postion Desired:		Salary Desired:	\$
How were you referred?	☐ Newspaper ☐ Website	☐ Employment referral (please provide name) ☐ Employee Referral ☐ Other (provide information)	
Have you ever been employed by us before? If "Yes," give dates. ☐ Yes ☐ No			
Are you acquainted with or related to any employee of our company? If "Yes", identify by name and relationship. ☐ Yes ☐ No			
Date Available to Start:		Shift Preferred:	
Available to Work:	☐ Full Time ☐ Temporary	☐ Part Time ☐ Seasonal	Days/Hours Available:

EDUCATION

School Name	City, State	Last Completed Math Course	Highest Grade Completed Diploma/Degree
High School			
Cumulative GPA	Math/Science Grades	(Name, 2nd Semester Final Grade for Each Class)	

School Name	City, State	Major Course of Study	Highest Grade Completed Diploma/Degree
College/ Post Secondary School			
Cumulative GPA	Math/Science Grades	(Name, 2nd Semester Final Grade for Each Class)	
Activities, Honors, Offices held that are job related (omit those that reveal race, religion, national, origin, color, sex, and or disability)			

OTHER TRAINING

Describe other job related training completed (omit those that reveal race, religion, national, origin, color, sex, and or disability)

U.S. MILITARY SERVICE

Branch/Duty/Location	Military Specialty	Highest Rank	Special Honors/Special Training/Service Schools

WORK EXPERIENCE *(begin with most recent postion)*

Employer		Address	City/State
Phone Number		Supervisor	May We Contact
			☐ Yes ☐ No
Dates Employed		Star Rate of Pay	Final Rate of Pay
From	To	\$	\$
Work Performed			
Reason For Leaving (Be Specific)			

Employer		Address	City/State
Phone Number		Supervisor	May We Contact
			☐ Yes ☐ No
Dates Employed		Star Rate of Pay	Final Rate of Pay
From	To	\$	\$
Work Performed			
Reason For Leaving (Be Specific)			

Employer		Address	City/State
Phone Number		Supervisor	May We Contact
			☐ Yes ☐ No
Dates Employed		Star Rate of Pay	Final Rate of Pay
From	To	\$	\$
Work Performed			
Reason For Leaving (Be Specific)			

State whether you have even been terminated or suspended from any previous employment and describe the circumstances

SPECIALIZED SKILLS (Skills/Equipment Operated)

What professional job related licenses do you hold (omit those which indicate race, religion, national origin, color, sex, age or disability)?

PERSONAL REFERENCES - Give names of 3 persons to whom you are not related.

Name/Address	Telephone	Occupation	Years Known
1			
2			
3			

Conditions for Employment: Please read the following statements carefully as they constitute conditions for employment

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that maybe requested to arrive are an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
5. In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the Chief Executive Officer of the company may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the Chief Executive Officer.
6. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
7. I agree to protect confidential information, trade secrets, and proprietary information of the company, and of the company's vendors, licensors, marketing partners or clients entrusted to the company, and I will not disclose to the company any confidential information of others.

Signature	Date

Thank you for taking the time to complete our Employment Application. The Employment Application will be valid for 120 days from the date of the application's submission. If you wish to be considered for employment subsequent to that date, a new application must be completed.

Mail or deliver to Christopher Hernandez, Owner.
CMH Tutoring
2125 E. Crawford Place
Salina, KS 67401

REQUIRED Supplementary Materials: (All applicants must submit with this application form)

1. **Essay.** On a separate piece of paper, please describe your interest in tutoring, your interest in working with students with learning and attention challenges, and any prior experience you have in these areas.
2. **Letter of Recommendation.** Submit 2 letters of recommendation: one personal and one from an instructor in the subject area you are interested in tutoring.