

Mt. San Antonio College
Academic Support and Achievement Center
Application for Employment

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States of America and to complete the required employment eligibility verification document(s), as necessary, upon hire.

If you are completing your application packet electronically, please email your completed packet and required documents to asac@mtsac.edu.

Section I: Personal Information

Last Name	First Name	M.I.	Mt. SAC ID Number	OFFICE USE – Date Received
Street Address: _____			Email	
City and State: _____			Telephone 1:	Telephone 2:
Zip Code _____				
Have you applied to be a tutor before?		Yes No	If yes, indicate the month/year or semester: _____	
Are you currently a student enrolled at an institution of higher education?		Yes No	Are you currently a Mt. SAC student who will be working in another area or dept. on campus?	
Name of institution _____			List area/department name: _____	
Number of units taking in fall/spring _____			List number of hours per week: _____	
Number of units taking in summer/winter _____				
Which position are you applying for?		Drop-In / Study Group Tutor Supplemental Instruction / Embedded Tutor		
Would you be open to working as counter staff?		Yes No		

Section II: Education

Please check the highest level of education completed			
High School	Some College	Bachelor's Degree	Other Degree(s)
Some Graduate Work	Master's Degree	Doctorate Degree	_____

Section III: Work Experience

Please provide your previous experience in tutoring or in Supplemental Instruction (SI).

Not Applicable – No previous experience

Subject Matter: _____

Educational Institution: _____

Department/Division: _____

Dates: _____

Subject Matter: _____

Educational Institution: _____

Department/Division: _____

Dates: _____

Please list any certifications and/or training or professional development you have received in tutoring:

Do you or will you hold other jobs? Yes No

If yes, indicate the number of hours working per week _____

Section IV: Subject Matter Expertise

List the subject(s) you are able to tutor:

English (indicate levels): _____

Math (indicate levels): _____ Can you do statistics? Yes No

Chemistry (indicate levels): _____

Physics (indicate levels): _____

Language(s) (indicate levels): _____

Other: _____

Section V: Application Checklist

Please verify that you have provided the following information. A **NO** answer means that your applications is incomplete and **an interview will not be scheduled until your application is completed.**

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|--|-----|----|
| • If offered a position, I will commit to taking and passing the required TUTOR 10 courses during the semester that I am hired. | Yes | No |
| • If offered a position, I will be available to attend training meetings as scheduled during the semester. | Yes | No |
| • I have completed a schedule of available hours for the semester to which I am applying. | Yes | No |
| • I have obtained faculty approval for the subjects for which I am applying. | Yes | No |

Section VI: Certification of Information

I certify that this information is correct to the best of my knowledge, and I understand that deliberate falsification or any misstatement, misrepresentation or omissions of material facts may be cause for refusal of employment, or if employed, cause for dismissal.

Applicant's Signature / Date

Mt. San Antonio College
ACADEMIC SUPPORT & ACHIEVEMENT CENTER (ASAC)
Subject Approval Form

Faculty

If you prefer, you may send your recommendation to asac@mtsac.edu or via campus mail to Academic Support & Achievement Center, Building 6, 1st Floor.

Applicant

If you did not attend Mt. SAC, or are unable to reach your Mt. SAC professor, please present your transcripts – unofficial are acceptable – to the appropriate department chair for review and recommendation.

Applicant's Last Name	First Name	Mt. SAC I.D. Number	Phone and Email
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Subject(s) Qualified to Tutor
Instructor: Please complete this form

Subject include level(s)	Comments (quality of work, attitude, communication skills, etc.)	Please PRINT your name, sign, and date below	Extension or other phone number

ACADEMIC SUPPORT & ACHIEVEMENT CENTER (ASAC)
Work Availability Request Form

Name

Date

DAY	AVAILABLE HOURS TO WORK	PREFERRED HOURS TO WORK
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
	WEEKLY HOURS DESIRED:	