



WINONA DYSLEXIA GROUP

Tutoring Application

Please print clearly

APPLICANT INFORMATION

Last Name		First	M.I.	DOB
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Dates Available		Social Security No.		

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EXPERIENCE

Do you have any teaching experience? YES NO If yes, please give details below (Where, grade levels, subject, etc.)

REFERENCES

Please list three non-relative references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT HISTORY

Company

Phone ()

Address

Supervisor

Job Title

Responsibilities

From To

Company

Phone ()

Address

Supervisor

Job Title

Responsibilities

From To

Company

Phone ()

Address

Supervisor

Job Title

Responsibilities

From To

Please list any other experience you have (employment or other) that may pertain to this position

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application may result in my release.

Signature

Date