



Application Form

Personal Information

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Email _____

What position are you applying for?

Volunteer

Tutor

If applying for tutor:

Desired grade level(s) _____

Desired subject(s) _____

What date are you available to start? ____ / ____ / ____

Desired hourly rate? \$_____/hr

LEFT



BRAINS

Education

Name of High School _____
City, State _____
Year of Graduation _____

College _____
Course of Study _____
Degree _____
Did you graduate? _____ Yes _____ No
Year of Graduation _____

College _____
Course of Study _____
Degree _____
Did you graduate? _____ Yes _____ No
Year of Graduation _____

Certification _____
Program/School _____
Year Earned _____
Does it expire? _____ Yes _____ No
Expiration Date _____ / _____ / _____

Certification _____
Program/School _____
Year Earned _____
Does it expire? _____ Yes _____ No
Expiration Date _____ / _____ / _____

Attach any certifications you may have with this application.

LEFT



BRAINS

Employment History

Please list the last 7 years of employment.

Company _____
Address _____
City, State, Zip Code _____
Phone Number _____

Position _____
Responsibilities _____

Start Date _____ / _____ / _____
End Date _____ / _____ / _____

Reason for leaving _____

Supervisor _____

May we contact?

- Yes
- No

Company _____
Address _____
City, State, Zip Code _____
Phone Number _____

Position _____
Responsibilities _____

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BRAINS

Start Date _____ / _____ / _____

End Date _____ / _____ / _____

Reason for leaving _____

Supervisor _____

May we contact?

Yes

No

Company _____

Address _____

City, State, Zip Code _____

Phone Number _____

Position _____

Responsibilities _____

Start Date _____ / _____ / _____

End Date _____ / _____ / _____

Reason for leaving _____

Supervisor _____

May we contact?

Yes

No

LEFT



BRAINS

Company _____
Address _____
City, State, Zip Code _____
Phone Number _____

Position _____
Responsibilities _____

Start Date _____ / _____ / _____
End Date _____ / _____ / _____

Reason for leaving _____

Supervisor _____

May we contact?

- Yes
- No

Company _____
Address _____
City, State, Zip Code _____
Phone Number _____

Position _____
Responsibilities _____

LEFT



BRAINS

Start Date _____ / _____ / _____

End Date _____ / _____ / _____

Reason for leaving _____

Supervisor _____

May we contact?

Yes

No

Company _____

Address _____

City, State, Zip Code _____

Phone Number _____

Position _____

Responsibilities _____

Start Date _____ / _____ / _____

End Date _____ / _____ / _____

Reason for leaving _____

Supervisor _____

May we contact?

Yes

No

Company _____

LEFT



BRAINS

Address _____
City, State, Zip Code _____
Phone Number _____

Position _____
Responsibilities _____

Start Date _____ / _____ / _____
End Date _____ / _____ / _____

Reason for leaving _____

Supervisor _____

May we contact?

- Yes
- No

Explain any gaps of employment. _____

LEFT



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References

Please provide three colleagues as references who are non-related.

Name _____
Relationship _____
Company _____
Phone _____

Name _____
Relationship _____
Company _____
Phone _____

Name _____
Relationship _____
Company _____
Phone _____

LEFT



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Diversity Survey

Read the statement below before answering the following questions.

Please provide the information requested in the fields below regarding diversity. As an equal opportunity employer, we hire with out consideration to ancestry, age, creed, race, citizenship status, disability, genetic information, gender, gender identity, martial status, medical condition, sexual orientation or any other protected group status. We invite you to complete the optional self-identification fields below used for compliance with the government regulations and record-keeping guidelines. You have the option to select “ Do not wish to disclose” for each of the questions below.

Ethnicity _____
Race _____
Gender _____

Vietnam Era Veterans and Other Veterans

_____ Yes, I am a Vietnam Era Veteran and Other Veterans
_____ No, I am not a Vietnam Era Veteran and Other Veterans
_____ Do not wish to disclose

Special Disabled Veteran

_____ Yes, I am a Special Disabled Veteran
_____ No, I am not a Special Disabled Veteran
_____ Do not wish to disclose

LEFT



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Terms and Conditions

Initial each section and sign below.

_____ I certify that the information contained in this application is correct to the best of my knowledge.

_____ I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be Hired.

_____ I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment.

_____ I also authorize you to request and receive such information.

_____ In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

_____ I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

_____ I agree to the Terms and Conditions and authorize any person, organization or company listed to review my application.

_____ With my signature below, I certify that I have read, fully understand and accept all terms of the foregoing statement. Please signify your acceptance by entering the information requested in the fields below.

Signature _____

Date _____ / _____ / _____