

AMERICA COUNTS

Mathematics Tutor Application

Work-Study Office Use Only:

Date Reviewed by Work-Study _____

Current Work-Study Award? Y N

Award Amount/Balance _____

Date Submitted _____	AY ____ Summer ____
Name _____	BU I.D.# _____
School/Program at BU _____	Graduation Date _____
Local/Academic Year Address _____ _____	
Academic Year Phone Number (____) _____	E-mail address _____
Permanent Address _____ _____	
Permanent Phone Number (____) _____	E-mail address _____

Please list teaching/tutoring experiences that you have had with children and/or adolescents. Please include the nature, duration and location of the experience.

Have you had other jobs or relevant experiences involving children or adolescents? Please describe.

Is English the primary language spoken in your home? _____

If not, what is the primary language? _____

Identify any other languages that you speak/understand and read. Please indicate your level of proficiency.

(continued on reverse)

Please tell us why you would like to be a mathematics tutor.

What is the highest level of mathematics you have studied...

- ◆ In high school? _____
- ◆ In college? _____

Please choose one:

- _____ I prefer to work in schools during the normal class hours (hours available between 7:30 a.m. and 1:30 p.m.).
- _____ I prefer to work in an after-school program (hours available between 1:30 p.m. and 5:00 p.m.).

Please choose one:

- _____ I prefer to work with middle school students.
- _____ I prefer to work with high school students.
- _____ I have no preference—I would like to work with either middle school or high school students.

Work-Study award information:

Will you have another Work-Study job other than math tutoring? Yes No

Please return this completed application to the Work-Study Office by mail or fax:

Boston University Work-Study Office
881 Commonwealth Avenue
Boston, MA 02215
Fax: (617) 353-9200

In signing this form, I agree to allow a CORI (Criminal Offenders Records and Information) background check to be completed on me. I realize that this is a State requirement for anyone who works in the public school system. Please complete attached CORI form.

Signature _____ Date _____

Name (please print) _____
 B.U. ID # _____
 E-Mail Address _____
 Local Phone # for Academic Year 00-01 _____

FOR OFFICE USE ONLY
Site Assignment: _____
Times: _____

AVAILABILITY

In filling out this form, please indicate **all time you have available** to work during the days and time slots provided. Please allow approximately fifteen to thirty minutes before and after classes for travel time.

EXAMPLE:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 – 8			7:30 – 8		7:30 – 8
8 – 9			8 – 9		8 – 9
9 – 10	9 – 10		9 – 10		9 – 10
10 – 11	10 – 11	10:30 – 11			
11 – noon	11 – 11:45	11 – noon		11:15 – noon	

YOUR AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 – 8					
8 – 9					
9 – 10					
10 – 11					
11 – noon					
noon – 1					
1 – 2					
2 – 3					
3 – 4					
4 – 5					

Boston University

Office of Personnel
25 Buick Street
Boston, Massachusetts 02215

www.bu.edu/personnel

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CORI REQUEST FORM

Boston University-Office of Personnel has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of TUTOR, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE TYPE)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

ADDRESS: _____

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE