

**GUNN HIGH SCHOOL  
ACADEMIC CENTER  
TUTOR APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Would you like to receive Academic Center updates via e-mail?      Yes      No

Subjects you wish to tutor: \_\_\_\_\_

Days and times available: \_\_\_\_\_

**BACKGROUND:**

**EDUCATION:**

University	Location	Major/Degree	Dates

**EMPLOYMENT HISTORY:**

Employer	Location	Position	Dates

**STATEMENT:**

Why do you want to tutor and what special skills or experience do you bring to the job?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Personal Reference: \_\_\_\_\_

Name      Address      Phone      Relationship

Case of Emergency: \_\_\_\_\_

Name      Address      Phone      Relationship

SIGNATURE: \_\_\_\_\_