The Learning Center (TLC) Job Application

Please fill out comple		Date of Application:					
Name:			Date	Date of Birth:			
Address:			Scho	School Attending:			
City:Zip:				Major:			
Email:				Cumulative GPA:Current Semester Units:			
Home Phone:			Last	Last 4 digits of SSN:COC Student ID:			
Cell Phone:				Student ID:			
Do you currently wor	k, or have you e	ver worked for any	other department a	at College of the Ca	nnyons? TYES	S 🗌 NO	
	ork more than 8.0 ho	ours per day. Any emplo	If you work more than 7.5 hours byee who exceeds these I aployment in other depar	imits may be subject to	hours worked in other immediate termination	departments. Short-term n. In addition, it is the	
The above informa	tion is true and		est of my knowledge all new tutors. Pleas	_	ee to attend the m	nandatory tutoring	
Applicant Signature:				Date:			
What position are yo Tutor Reception If you are interested English Briefly answer the fol 1. Why would you like	nist in being a tutor, lowing question	☐ Volunted ☐ Clerk what area do you w Math s (If you need more	wish to tutor? Computers e space, please cont	inue on the back o	Car Subject: f the application)		
What qualification It is a relevant classe		·					
Please mark all times	you ARE AVAIL	ABLE to work					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
8 AM – 9 AM							
9 AM – 10 AM							
10 AM – 11 AM							
11 AM – 12 PM							
12 PM – 1 PM							
1 PM – 2 PM							
2 PM – 3 PM							
3 PM – 4 PM							
4 PM – 5 PM							
5 PM – 6 PM							
6 PM – 7 PM							
7 PM – 8 PM							
Required Faculty Rec	·						
Department:Approved By:			Date	:			
ADDIOVEU DV.							