

Tutor Application

Contact Information

Name (Last, First, M	I):	Today's Date:					
Date of Birth: Student ID N							
Local Address:							
Permanent Address	:						
Email:	Cell Phone:						
Education							
Major:		Minor:					
Classification:	0	verall GPA:					
Expected Graduati	on Date:						
Work Experienc	ce						
Position Held	Company/School	Dates	Supervisor	Phone Number			
Have you worked	on campus previous	ly? Whe	re?				
Are you currently	employed on campu	ıs? When	e?				
List any additional	seminars or experi	ences you feel wil	l enhance your abil	lity as a tutor:			



List subjects you feel qualified to tutor (Grades in these courses have to be a B or better).						
List any special skil you an effective tuto	=	ce related to tu	toring (i.e., teachi	ng experience)	that will make	
Do you feel capable backgrounds? How skills.				_		
Please circle/high Sunday	light the days	which you wo	ould be available Wednesday	to work: Thursday	Friday	
<u> </u>	Morning	Morning	Morning	Morning	Morning	
	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	
Evening	Evening	Evening	Evening	Evening	Evening	
Do you currently l	know or have	interaction wi	th any WVU Stu	dent-Athletes?		



Are you subject to quarantine regulations if you are exposed to someone with COVID-19? (Note - Fully vaccinated individuals are not subject to quarantine regulations. Unvaccinated individuals are subject to quarantine regulations.)
individuals are subject to quarantine regulations.)
Yes No
Please attach a copy of your transcripts (unofficial is fine) and your resume to this application when applying.
By signing this document, you are verifying that the above information which you have provided is true.
Print name:
Signature:
Date:
Notice:
All offers of employment within The Office of Student-Athlete Development are contingent upon clear results of a conduct check through West Virginia University Student Conduct. This check will be conducted on all final candidates. During your time employed as a tutor within the Office of Student-Athlete Development, any issues with Student Conduct will be reported to your supervisor.
By signing this document, you are giving consent for The Office of Student-Athlete Development to review any conduct with Student Conduct at West Virginia University and agreeing to the terms listed in the notice above.
Print name:
Signature:
Date: