Home Tutoring Solutions

One-on-one tutoring in your home

Home Tutoring Solutions Independent Contractor Tutor Application

Full Name: _____ Date: _____

Address: _____
Street City/State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____

Driver's License Number: _____ State: _____

Both State and Federal Background Checks will be performed prior to tutoring:
BCI? _____ FBI?_____ Please provide a resume _____ and three references _____

Tutoring/Teaching Experience: _____

_____

Degree(s) and Certificate(s) Held: _____

Subjects/Grade Levels able to tutor (ex: Language Arts K-12): _____

_____

_____

Date Available to Start: _____ Hourly Rate Desired: _____

Day(s)/Time(s) Available for Tutoring: _____

Geographic area willing to tutor students: _____

Have you ever been convicted of any Felony or Criminal Offenses? If Yes, please explain.

_____

Warning: Untruthful answers will be sufficient cause for termination of contract.

Applicant Signature: _____ Date: _____

Home Tutoring Solutions, PO Box 565, Chagrin Falls, OH 44022
Tel: (440)488-5380 Email: HomeTutoring@SBCGlobal.net