

**Please Print Clearly**

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

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
# and Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address (if different from above): \_\_\_\_\_  
# and Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Have you worked for Cal-SOAP in the past? \_\_\_\_\_ If so, when? \_\_\_\_\_

Would you like to be considered for a Senior Tutor Peer Advisor position?

\_\_\_\_\_ (only tutors with previous Cal-SOAP experience will be considered).

Have you applied to work for Cal-SOAP in the past? \_\_\_\_\_ If so, when? \_\_\_\_\_

How did you first hear of this position/ from whom? \_\_\_\_\_

Have you ever been convicted, pled guilty to or pled no contest to any criminal offense by any court? Yes or No (Circle One)

Which college are you currently enrolled at? (Please check)

UCSB

SBCC

Westmont

Other: \_\_\_\_\_

Major(s): \_\_\_\_\_

Expected month & year of graduation \_\_\_\_\_

Are you a graduate student? \_\_\_\_\_ If yes, name program: \_\_\_\_\_

Bilingual Fluency (circle): No Yes Language(s): \_\_\_\_\_

Can you work the entire academic year (from date of hire to June)? (Circle): No Yes

If no, please explain: \_\_\_\_\_

Month and day you can begin working: \_\_\_\_/\_\_\_\_/2009

Do you have reliable transportation? \_\_\_\_\_ If yes, please circle: Car Bus Other: \_\_\_\_\_

Please rank from 1-4 (1 being the highest) which subject you feel most proficient to tutor:

Math: \_\_\_\_\_ Sciences: \_\_\_\_\_ Reading: \_\_\_\_\_ English: \_\_\_\_\_

Preferred Level of Tutoring:

Junior High/Middle School  High School

**Employment Experience**

Please list jobs you have held beginning with your present or most recent employment. Include previous experience that may be qualifying.

Dates of Employment and Wage	Job Title and Duties Performed	Supervisor Contact Information	Type of Business
From: _____ Month Year To: _____ Month Year Wage: _____	Job Title: _____ Duties: _____ _____ _____ Hrs/wk: _____	Name: _____ Title: _____ Phone: _____ Business/Organization Name: _____	Reason Left: _____ _____ _____
From: _____ Month Year To: _____ Month Year Wage: _____	Job Title: _____ Duties: _____ _____ _____ Hrs/wk: _____	Name: _____ Title: _____ Phone: _____ Business/Organization Name: _____	Reason Left: _____ _____ _____

If presently employed, will you continue this employment during the 2009-2010 school year?  
Yes or No (Circle One)

May we contact your present employer? Yes or No (Circle One)

Do you have the legal right to work in the United States? Yes or No (Circle One)

**Academic and Extracurricular Activities**

List the activities you are currently involved in. Briefly describe your responsibilities. Include the hours per week that you participate in these activities.

Activity	Duties/Responsibilities	Hours per week
Activity Name: _____	Duties: _____ _____ _____	Hrs/wk: _____
Activity Name: _____	Duties: _____ _____ _____	Hrs/wk: _____
Activity Name: _____	Duties: _____ _____ _____	Hrs/wk: _____

**References (non relatives, no friends, at least one professor/advisor and one supervisor)**

Reference Name	Phone Number	Relationship to You	Years Known
		Professor Advisor/Supervisor (circle)	
		Professor Advisor/Supervisor (circle)	

**Availability to Work**

Please indicate the days and times you are available to work by placing an “x” in these slots.

Day and time	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										

**Minimum** hours/week I would like to work: \_\_\_\_\_

**Maximum** hours/week I would like to work: \_\_\_\_\_

This will be my availability from \_\_\_\_\_ to \_\_\_\_\_. Should this change, I will notify the Tutor Coordinator and all appropriate people of the changes, with the understanding that this job is contingent upon my availability to work. **(Initial \_\_\_\_\_)**

**Verification of Financial Need**

Do you receive Financial Aid? (Circle): No Yes

If yes, mark which form(s) you receive and specify:

\_\_\_\_ Federal Aid (Work-Study\*\*, Grants, Loans, etc.): \_\_\_\_\_

\_\_\_\_ State Aid (Grants, Loans, etc.): \_\_\_\_\_

\_\_\_\_ Scholarship: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

\*\*College Work-Study allocation for the academic year: \_\_\_\_\_

Do you use your Work-Study allocation for another job? (circle): No Yes

If yes, how many hours/week?: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Please type your responses to the following statements in a one-page document, single-spaced.**

1. Please state your reasons/motivations for wanting to become a Cal SOAP Tutor Peer Advisor.
2. Please state your tutoring and advising experience. Also state your experience working with community, campus, or other social organizations.
3. What strengths do you bring from your personal/academic/professional experiences that will help with the college preparation of underrepresented students (low-income, first-generation college bound, etc)?
4. Please describe your computer skills and proficiency in using Microsoft Word, Excel and email.

**TO ENSURE ELIGIBILITY,  
THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION:**

- Letter of reference (must be completed by an employer, supervisor, teacher/professor, or advisor/counselor. Must be a non-relative).
- Current transcript (unofficial is accepted).
- Current college class schedule.
- Answers to responses 1-4, one page typed, single-spaced.

I certify that all statements made on this document are true and complete to the best of my knowledge. I understand that any false statement of material facts is cause for disqualification or dismissal, even after I have begun working for SBCC. Furthermore, I understand that I will be required to submit verification of my identity and right to work in this country or will not be able to continue to work for SBCC.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Note:* This application will not be kept active beyond the quarter or semester during which it is submitted.

Cal-SOAP  
Attn: Tutor Coordinator  
721 E. Cota Street  
Santa Barbara, CA 93103  
(805) 963-6078  
tutorcoordinator@sbcc.edu  
www.sbcalsoap.org

**Thank you for completing the Cal-SOAP Tutor/Peer Advisor Employment Application. The priority deadline to submit this application is August 1, 2009.**

Interview:	Yes	No	Office Use Only		
Date of Interview:			Hold	Interviewer:	
Rating:	Excellent		Very Good	Average	Poor
Additional Comments:					

CAL-SOAP SANTA BARBARA CONSORTIUM  
721 East Cota Street, Santa Barbara CA 93103  
Phone (805) 963-6417 Fax (805) 966-6083

***(Please place this form in a sealed envelope and return it to the applicant)***

## EMPLOYMENT LETTER OF REFERENCE

Name of Applicant: \_\_\_\_\_  
*Print Clearly*

Thank you for acting as a reference for the above named applicant. He/she has applied to be a Tutor Peer Advisor with the California Student Opportunity and Access Program (Cal-SOAP) in Santa Barbara. He/She will be responsible for tutoring and advising underrepresented students at the secondary school level in academic subjects and college planning. Please take the time necessary to complete this form so that the applicant and the Cal-SOAP Tutor Peer Advisor Program will have the benefit of your appraisal.

What is your relationship to the applicant? (Check all that apply):

\_\_\_\_\_ Employer      \_\_\_\_\_ Supervisor      \_\_\_\_\_ Teacher/Professor      \_\_\_\_\_ Advisor/Counselor

In what context have you known the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**Comments:** Explain why you are recommending the applicant for a Cal SOAP Tutor Peer Advisor position. (Please comment on the applicant's: experience with tutoring and/or peer advising, experience working with teens or students, dependability, initiative, relevant professional goals. Use a separate sheet if you wish.

What is the applicant's greatest strength?

\_\_\_\_\_  
\_\_\_\_\_

In what areas does the applicant need improvement?

\_\_\_\_\_  
\_\_\_\_\_

**Overall Rating** *(check one)*

\_\_\_\_\_ Highly Recommended      \_\_\_\_\_ Recommended      \_\_\_\_\_ Recommended with Reservation

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name and Title *(print)* \_\_\_\_\_

Your Organization or Institution

\_\_\_\_\_ Phone \_\_\_\_\_