



Sun Prairie Area
School District
Futures depend on us...every child, every day.

AVID TUTOR - Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email Address: _____

Work Days and Times (Check all that Apply)

Middle Schools (Grade 7) - Buildings/Hours/Days Available:

Time: 8:15-9:30 am **Prairie View Middle School**
 Time: 7:30-8:45 am **Patrick Marsh Middle School**
 Day of week: Tuesday Thursday

Cardinal Heights Upper Middle School (Grades 8 and 9) - Hours/Days Available:

Time: 9:00 am - 3:00 pm Day of week: Monday Tuesday Wednesday Thursday

Sun Prairie High School (Grades 10, 11, and 12) - Hours/Days Available:

Time: 10:00 am - 1:45 pm Day of week: Wednesday Thursday

Work Experience

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Sun Prairie Area School District? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, Explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please send completed application to Kathy Enstad, AVID District Coordinator by email:
klensta@sunprairieschools.org or by fax: 608-834-6592