



Human Resources Division

INTERN / TUTOR / STUDENT WORKER APPLICATION

REQUIREMENTS

THE DEFINITION OF INTERN, TUTOR & STUDENT WORKER INCLUDES FULL-TIME ENROLLMENT IN A RECOGNIZED COLLEGE/UNIVERSITY WHICH WOULD TYPICALLY BE NO LESS THAN TWELVE (12) UNITS IN AN UNDERGRADUATE OR GRADUATE PROGRAM, WORKING PART-TIME (NO MORE THAN TWENTY (20) HOURS PER WEEK), OVER THE AGE OF EIGHTEEN (18), AND COURSE WORK MUST BE REASONABLY RELATED TO THE SERVICES RENDERED TO THE DISTRICT (E.C. 45256).

ALL INTERN, TUTOR & STUDENT WORKER ASSIGNMENTS END WITH THE CONCLUSION OF THE SCHOOL YEAR. ANY STUDENT, WHO WISHES TO CONTINUE WORKING THE FOLLOWING YEAR, MUST RESUBMIT ALL REQUIRED VERIFICATION TO DETERMINE ELIGIBILITY.

BEFORE A PERSON CAN RENDER SERVICES TO A SCHOOL DISTRICT, CRIMINAL HISTORY CLEARANCE MUST BE OBTAINED FROM THE DEPARTMENT OF JUSTICE (E.C. 45122.1(A) & 45125). THIS SAFETY STANDARD APPLIES TO TUTORS.

THIS APPLICATION ONLY SERVES AS A RECOMMENDATION FOR THE PERSON REQUESTED TO WORK AS AN INTERN, TUTOR & STUDENT WORKER. THIS APPLICATION MUST BE COMPLETED AND RETURNED TO CLASSIFIED PERSONNEL ALONG WITH ALL REQUIRED DOCUMENTS FOR PROCESSING. ALL STEPS MUST BE COMPLETED BEFORE SERVICES BEGIN. THE SITE ADMINISTRATOR WILL BE NOTIFIED BY THIS OFFICE WHEN TUBERCULOSIS (TB) AND FINGERPRINT CLEARANCE IS RECEIVED. *(DISCONTINUED SERVICE FOR SIX (6) MONTHS OR MORE WILL REQUIRE RE-PROCESSING)*

AN INTERN, TUTOR & STUDENT WORKER WORKING AT ANY DISTRICT SCHOOL SITE MUST SUBMIT THE FOUR (4) ITEMS LISTED BELOW TO THE CLASSIFIED PERSONNEL OFFICE, ALONG WITH THIS COMPLETED APPLICATION SO THAT A LIVESCAN FINGERPRINT APPOINTMENT MAY BE SCHEDULED:

1. OFFICIAL UNIVERSITY TRANSCRIPTS (DENOTING FULL-TIME ENROLLMENT)
2. **PRIMARY FORM OF IDENTIFICATION:** VALID CALIFORNIA DRIVER'S LICENSE OR CALIFORNIA IDENTIFICATION (ID) OR OUT-OF-STATE DRIVER'S LICENSE
3. \$18.00 FINGER PRINT ROLLING FEE (TO OBTAIN THE REQUIRED ELECTRONIC "LIVESCAN FINGERPRINT SERVICE") PROOF OF TUBERCULOSIS CLEARANCE **ORIGINALS ONLY.**
4. PROOF OF TUBERCULOSIS CLEARANCE **ORIGINALS ONLY.** WE WILL NOT ACCEPT COPIES OR PREVIOUS TB TEST RESULTS MORE THAN SIXTY (60) DAYS FROM SUBMISSION DATE.
5. DRUG SCREEN CLEARANCE (TO BE SCHEDULED BY CLASSIFIED PERSONNEL).

TUTOR NAME	LAST	FIRST	MIDDLE
ADDRESS	STREET		
	CITY	STATE	ZIP CODE
HOME PHONE #		CELL PHONE#	
PROGRAM TITLE:	DEPARTMENT/SITE:	BEGIN WORK DATE: ___/___/___	ENDING WORK DATE: ___/___/___
TOTAL HRS/WEEK (20 MAXIMUM):	HRS/DAY: (CHECK DAY AND INCLUDE NUMBER OF HOURS)		
	<input type="checkbox"/> M: ___ HRS	<input type="checkbox"/> T: ___ HRS	<input type="checkbox"/> W: ___ HRS <input type="checkbox"/> TH: ___ HRS <input type="checkbox"/> F: ___ HRS
MY SIGNATURE CERTIFIES THAT ALL STATEMENTS WITHIN THE APPLICATION ARE TRUE AND THAT I UNDERSTAND ALL LISTED REQUIREMENTS:			
APPLICANT'S SIGNATURE: _____		DATE: ___/___/___	
MY SIGNATURE CERTIFIES ALL STEPS REQUIRED OF ME WERE CORRECTLY COMPLETED RESULTING IN THE REFERRAL OF THE ABOVE MENTIONED CANDIDATE:			
SITE ADMINISTRATOR'S SIGNATURE: _____		DATE: ___/___/___	
SITE ADMINISTRATOR'S NAME(PRINT): _____			

CLASSIFIED PERSONNEL USE ONLY			
APPLICATION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	RETURNING TUTOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
START DATE: ___/___/___	END DATE: ___/___/___	TB DATE: ___/___/___	
AUTHORIZING CLASSIFIED PERSONNEL:		DATE: ___/___/___	