14052 Northwest 82nd Avenue • Miami Lakes, Florida 33016 • Dade (305) 362-8887

Supplemental Educational Services (SES) Tutor Application

Educational Development Associates, Inc. is an Equal Opportunity Company

Once you have completed the application below, you will receive a confirmation that your information has been received. After our Human Resource Department reviews your information, you may or may not be contacted with further hiring and training instructions. Part of our pre-employment process requires proof of successful completion of a **Florida State Level 2 Background Check**. Prior to being officially hired as an independent contractor or tutor, you must submit a copy of your **official teacher certificate** and or a copy of an **official college transcript** that shows completion of a **minimum of 60 college credit hours** and or a copy of your successful completion of an **official Para-Professional examination**. Hiring is based on qualification and subject matter need in your area. If you are chosen as an independent contractor or tutor, we will contact you stating your hiring status.

Address		
State Zip Code		
_Cell Phone		
E-mail		
No		
No		
No		
No		
No		
	Cell Phone E-mail No No No No	

Have you successfully pas	ssed a district-admi	nistered Para-Professional	exam? Yes No
Name of Para-Professiona	ıl Exam		
If you are a teacher, where	e do you currently t	each? County	
School:		Grade Level	Year(s) of Experience
Principal	Phone_		
Do you have tutoring expe	rience? Yes N	Vear(s) of Experienc	e
Are you a Reading Specia	list? Yes No	Year(s) of Experience	
Are you proficient in any la	inguage other than	English? Yes No If yes,	which language?
*Please check the followin	g subject areas yo	u feel comfortable tutoring:	
Elementary Mat	h: Reading	g: Writing:	
Middle School Mat	h: Reading	g: Writing:	
	PLEASE I	LIST TWO JOB REFERENC	CES
Name:		Position:	
Phone 1:		Phone 2:	
Email:		Address:	
Name:		Position:	
Phone 1:		Phone 2:	
Email:		Address:	
Authorization			
that, if employed or contracte investigation of all statements information concerning my pr release the company from all and agree that no representa specified period of time, or to authorized company represen	ed, falsified statements contained herein are revious employment liability for any damative of the company make any agreementative. This waiver	ts on this application shall be good the references and employed and any pertinent information the age that may result from utilizathas any authority to enter into not contrary to the foregoing, undoes not permit the release or	best of my knowledge and understand prounds for dismissal. I authorize ers listed above to give you any and all hey may have, personal or otherwise, and tion of such information. I also understand any agreement for employment for any less it is in writing and signed by an use of disability-related or medical and other relevant state and federal laws."
DATE		SIGNATURE	