



CENTER FOR
reading
RESEARCH, EVALUATION AND
AWARENESS OF DYSLEXIA
Interventionist Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Address		Apartment/Unit #		DOB	
City		State	ZIP		Student ID
Phone		E-mail Address			
Semester Applying		Date Available		Hours per week Available	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Center for READING?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you completed the FAFSA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a resident of Kansas?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION					
Current College	Pittsburg State University	Year in School	# of hours enrolled this semester		
From	To	Major(s)			
Minor(s)				Current GPA	
Professional Goals					
Previous Institution		City			State
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
High School		City			State

HOURS OF AVAILABILITY
Please indicate below your availability for each day. Please include evening availability.
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title/Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title/Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title/Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title/Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EXPERIENCE WITH CHILDREN

Have you ever worked with children?	YES	NO	If so, when?
Please describe			

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
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