



TEACHINGFELLOWS

Program Application Request

GENERAL INFORMATION

Name _____

Address _____

City, State, Zip _____

Please print carefully:

E-mail address _____

Home phone _____

Cell phone _____

Social Security number _____

Country of citizenship _____

Birthdate: mm-dd-yy: _____

Prior work experience in education Yes _____ No _____

Describe your professional goals _____

Do you have reliable transportation? Yes _____ No _____

Have you been convicted of a felony? Yes _____ No _____

Have you been convicted of a misdemeanor? Yes _____ No _____

Do you plan a career in teaching? Yes _____ No _____

Do you have a current TB test? Yes _____ No _____

Do you have fingerprints on file? Yes _____ No _____

District? _____ Year _____

AVAILABILITY

Please write in the hours you are available to tutor?

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

EDUCATIONAL BACKGROUND

College campus attending _____

EMPLID number _____

Number of college units obtained: _____ GPA _____

Did you complete a degree? Yes _____ No _____

If yes: AA _____ or BA _____

Major _____

Have you passed the CBEST? Yes _____ No _____

What language other than English do you speak? _____

PLEASE ATTACH

1. A letter of recommendation.
2. An unofficial copy of your college transcripts.
3. Copy of last TB test, X-ray or medicine dosage.
4. Copy of Social Security card and/or school ID
5. Copy of picture identification
6. Second copy of "Request for Live Scan Service" form.

RETURN COMPLETED APPLICATION BY MAIL or Hand Deliver to:

California Teaching Fellows Program
1177 E. Shaw Ave, Suite 114
Fresno, CA 93710

BY FAX

559.230.2105

For Office Use Only

Name of interviewer	Interview Date	Finger Print Clearance Date	TB Test Result Clearance Date
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