



Fairfield	
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Name:					
Last (print)	First		Middle		
Student Identification Number:					
For Academic Semester:	(Note: applican	(Note: applicants must reapply each semester)			
Home Address:					
Street	City	State	Zip Code		
Home Phone: ()	Cell Pho	ne: ()			
Email:					
Business Address:					
Street	City	State	Zip Code		
Please indicate your UNDERGRADU	ATE SCHOOL(S) and MAJOR/N	/INOR:			
School:	Major:	Minor:			
School:	Major:	Minor:			
Date Graduated: D	egree.				
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Are you a MA O SYC O or EdD 1. Describe any experience you have	candidate? e had in this area:				
2. List your computer skills and offic	e experiences:				
3. Describe your experience in tutoring or teaching:					
4. Describe any foreign language yo	u use and/or have studied:				
5. Check times you are available to work: \bigcirc 8:30 am to noon \bigcirc noon to 4:30 pm					
6. When would you be available to i	. When would you be available to interview?				
 If you have been a graduate assist When 	tant for SEHD before, please answer What program area	the following questions:			