



Osage Nation Education Department
 HC 66 Box 900
 Hominy, OK 74035

**Tutor Application
 For Certified Teachers**

Please Print:

Name: _____
LAST FIRST M.I.

Address: _____
STREET ADDRESS CITY STATE ZIP

E-Mail: _____ School District: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

How did you learn about the Osage Nation Tutor Program?

- Newspaper* *Friend/Relative* *Community Event* *Nation Employee* *Website* *School District* *Other*

Can you travel to other communities within Osage County? Yes No
 Are you a current teacher at a local school district? Yes No
 May we contact your current employer for employment verification? Yes No

Current Employment Information

Employer: _____ Phone: _____

Address: _____

Position(s) Held: _____

Dates Employed: From _____ To: _____
MONTH YEAR MONTH YEAR

* Please note a **C** in the blanks in which you are **certified** and a **W** in the blanks in which you would be **willing to tutor**.

_____ Reading/English	_____ Algebra I	_____ English
_____ Math	_____ Algebra II	_____ Biology I,II
_____ Science	_____ Geometry	_____ Chemistry
_____ Social Studies	_____ Trig/Calculus	_____ Physics
_____ Early Childhood	_____ History/ Geography	_____ Speech
_____ Elementary Education	_____ Special Education	

I certify that the information given is true and accurate to the best of my knowledge. I understand the information may be confirmed for review and verification. I also understand I can be subject to immediate termination if it is determined that I have falsified any information pertaining to this application.

 Applicant Signature

 Date

Please submit applications to:

Osage Nation Education Department

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