



**STUDENT LEARNING CENTER  
EDUCATIONAL OPPORTUNITY PROGRAM  
CALIFORNIA STATE UNIVERSITY, CHICO**

**INSTRUCTIONAL SUPPORT ASSISTANT (ISA) – Unit 11**

- Position:** **Tutors for Fall and Spring Semesters for all subject areas.**  
Approximately 6-10 hours per week.
- Job Description:** Under the direct supervision of the Student Learning Center Coordinator, tutors provide individual or small group weekly sessions in assigned subject area(s). Tutors promote independent learning and act as academic mentors and role models. Using questions and interactive strategies, tutors guide students through course material and suggest helpful learning strategies. Tutors must be prepared to complete 10-15 hours of training during each semester of employment.
- Qualifications:** Tutors must maintain good academic standing (2.8 GPA or above) and be able to make independent decisions. Junior or senior standing is preferred. Undergraduates must be enrolled in and complete a minimum of 6 units; graduate students, 4 grad level units. Applicants should be sensitive to the experience of students with disabilities and students from low-income, academically disadvantaged, and ethnically diverse backgrounds. Ongoing participation in training sessions is required for employment.
- Hourly Rate:** \$14.00 per hour.
- Selection Procedure:** Tutors will be selected on the basis of an evaluation of information obtained from the following sources: 1) completed application forms, 2) unofficial transcripts, 3) interview, and 4) instructor's recommendation for each tutoring subject.
- Application Deadline:** Applications will be accepted until all positions are filled. Interviews will be scheduled based on positions available. Applications are available at the Student Learning Center, SSC 340 or online at <https://csuchico.joinhandshake.com/login>
- Submit to:** Jenni Bolte, Tutor Coordinator  
Student Learning Center, (530) 898-6839  
Student Services Center, Room 340  
jlbolte@csuchico.edu

**Student Learning Center Mission**

The Student Learning Center (SLC) empowers CSU, Chico students to become critical thinkers and independent learners through the use of comprehensive student-centered support in diverse, inclusive learning environments. As the highest volume peer-led academic assistance center on campus, the SLC provides skills development through cross-divisional campus partnerships, commitment to expertise in the field, and integration of diverse student voices to support student success.

**THIS PROGRAM AND POSITIONS ARE CONTINGENT UPON FUNDING.**

CALIFORNIA STATE UNIVERSITY, CHICO IS AN AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY/  
AMERICANS WITH DISABILITIES ACT/VETERAN EMPLOYER.



CSU Office of the Chancellor

**INSTRUCTIONAL STUDENT ASSISTANT APPLICATION FOR EMPLOYMENT**

**California State University, Chico**  
Office of the Vice Provost for Human Resources  
Chico, California 95929-0024  
Voice 530-898-5029 TDD 530-898-5870

Position Title: **ISA/SUBJECT TUTOR**

Department: **STUDENT LEARNING CTR**

To comply with the immigration Reform and Control Act of 1986, all new employees must provide proof of identity and authorization to work.

*FOR SLC OFFICE USE ONLY*		
Grad Term	Rec	
Hold For		WS
Interview		Subject(s)
Hire Date		
ID#		

Name: Last, First, Middle Initial – as it appears on your Social Security Card Previous name(s) used, if different

Mailing Address: Post Office Box or Number and Street City, State, and Zip

( ) ( )  
Home Phone Number Cell Phone Number CSUC Email Address

**EDUCATION** (NOTE: unofficial transcripts **must** accompany application)  
Highest degree received and date of receipt:

	Name of School	Major	Diploma/Degree
Earned			

Professional Schools or Licenses and Certificates:

Other Educational Information:

**WORK AUTHORIZATION**  
California State University, Chico only employs individuals legally authorized to work in the United States. Should you be offered a position on this campus would you be able to furnish proof that you are authorized to work?  NO  YES If 'no,' explain.  
Are you over the age of 18?  NO  YES If not, are you able to furnish a work permit indicating right to work?  NO  YES

Have you ever been convicted of a crime as an adult (excluding non-felony traffic violations)?  NO  YES A conviction includes a plea, verdict or finding of guilt, regardless of whether a sentence was imposed by the court. You need not provide information about marijuana possession convictions or a violation of Health and Safety Code Section 11357(b) or (c), Section 11360(c), or Section 11364, 11365, or 11550 that occurred more than two years ago. (NOTE: A conviction will not necessarily disqualify an applicant from employment) If 'yes,' explain:

Have you been arrested for any criminal offense for which you are out on bail or on your own recognizance while a trial is pending. (Note: this information cannot be used as a basis to deny employment, unless you are convicted).  NO  YES If 'yes,' explain:

The position for which you have applied may require the use of a state vehicle for state business. If you are offered and accept a position can you furnish proof of a valid California driver's license?  NO  YES If 'no', explain:

**EMPLOYMENT HISTORY**

Account for past work experience and describe specific duties that are relevant to the position for which you are applying. **To allow for accurate review and consideration, your application should provide a complete and detailed description of your work experience.** It is to your benefit to be as thorough as possible because this information will be used to determine if you are qualified for this position. You may attach an additional page if more space is required or refer to a résumé only for the duties description.

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ( )
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ( )
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ( )
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ( )
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

**EMPLOYMENT/EDUCATION INFORMATION RELEASE AUTHORIZATION**

As an applicant for a position with California State University, Chico I do hereby authorize all past and present employers, references, institutions of higher education and other appropriate persons or agencies to release to the University any and all information regarding my employment/education upon request. I do hereby agree to hold such employers, institutions, references, persons, etc. harmless from liability for releasing said information.

\_\_\_\_\_  
SIGNATURE must be original

\_\_\_\_\_  
DATE

**APPLICANT CERTIFICATION**

I certify that the answers I have given in the materials I have submitted in application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.

\_\_\_\_\_  
SIGNATURE must be original

\_\_\_\_\_  
DATE

**SUPPLEMENTAL APPLICATION**  
**Instructional Support Assistant (ISA) - Unit 11**  
**TUTORIAL PROGRAM**  
**STUDENT LEARNING CENTER**  
**Student Services Center, Room 340**  
**(530) 898-6839**  
**CALIFORNIA STATE UNIVERSITY, CHICO**

**Please print:** Date \_\_\_\_\_

Name: \_\_\_\_\_ Student I.D.: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Year in School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

1. What subjects do you feel capable to tutor (please be **specific** as to course numbers)?
  
  
  
  
  
  
  
  
  
  
2. Why do you want to be a tutor?
  
  
  
  
  
  
  
  
  
  
3. What previous formal or informal experience do you have that would help make you a successful tutor?
  
  
  
  
  
  
  
  
  
  
5. How would you describe the responsibilities of a tutor?

**UNOFFICIAL TRANSCRIPTS:**

Please provide a copy of your CSU Chico Unofficial Transcripts to the Student Learning Center with your application.

**Student Learning Center  
Student Services Center, Room 340  
530-898-6839  
Faculty Recommendation for Tutors**

**Dear Faculty Member:**

**The Student Learning Center offers all students tutorial assistance in a variety of subjects. To provide effective service, we are continually seeking qualified tutors. However, before considering a student as a tutor, we require at least a “B” grade or better in the subject they will tutor and a faculty member’s evaluation of the student’s qualifications. Please include as much information about this student as you consider necessary. Final consideration will be based upon the student’s written application, transcripts, interview and faculty’s recommendation. We greatly appreciate your help in evaluating this prospective tutor. Thank you.**

**STUDENT’S NAME:** \_\_\_\_\_

**COURSES TAKEN FROM YOU:** \_\_\_\_\_

How complete is this student’s knowledge of the course material?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate \_\_\_\_\_

Do you think this student can clearly explain concepts to others?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Do you recommend this student as a tutor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list specific course numbers you feel this student is competent in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_

**Please return this form to: Dawn Frank, Tutor and Study Skills Coordinator at the Student Learning Center through intercampus mail, Zip 183 (email recommendations also accepted: dtfrank@csuchico.edu. Thank you for your prompt response.**