



Non-AACOG Employee Application

- Intern (Paid Unpaid)
 Payroll Service
 Temporary Service
 Volunteer

Personal Information

Please fill in the following basic information.

First/Given Name:		MI:		Last/Family Name:	
Address:					
City/State/Zip:					
Country:			United States of America		
Work Phone:		Home Phone:		Mobile Phone:	
Company E-Mail:				Personal E-Mail:	
Name of Emergency Contact:				Emergency Contact Phone:	
Name of Alternate Emergency Contact:				Emergency Contact Phone:	

Position Information

Each position that you apply for requires a separate application.

Title of Position Applying for:	
Available Start Date?	
How did you learn about this position?	
<input type="checkbox"/> AACOG Website (www.aacog.com)	<input type="checkbox"/> Workforce Solutions – Alamo Center Referral
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Work In Texas Website (www.workintexas.com)
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Other – Please Specify

Skills

Enter Word Processing, Computer or other skills and aptitudes you feel add to the overall effectiveness of this position.

Skill:	Years of Experience:	Skill:	Years of Experience:

Certifications and Licenses

Enter information about certifications and licenses that you have received below.

Certification or License:			
Issued By:			
Achieved Date:		Expiration Date:	

Language Abilities

Please list languages other than English in which you are fluent.

Language:		Acquired Date:	
<input type="checkbox"/> Read	Proficiency Level:	<input type="checkbox"/> Low <input type="checkbox"/> Fair <input type="checkbox"/> Adequate <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	
<input type="checkbox"/> Speak	Proficiency Level:	<input type="checkbox"/> Low <input type="checkbox"/> Fair <input type="checkbox"/> Adequate <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	
<input type="checkbox"/> Write	Proficiency Level:	<input type="checkbox"/> Low <input type="checkbox"/> Fair <input type="checkbox"/> Adequate <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	
<input type="checkbox"/> Translate	Proficiency Level:	<input type="checkbox"/> Low <input type="checkbox"/> Fair <input type="checkbox"/> Adequate <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	

Education History

Enter information about your formal education history below (Post High School or GED).

Highest Grade Completed:	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED
	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.
College/Technical School Name:	
City/State:	
Start Date/End Date:	to
Degree:	Major:
	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>

Work History, if applicable

Enter information about your work history for the last 5 years.

Employment Start Date/End Date:	to
Job Title:	
Company:	
Starting Pay: <i>Indicate per hour/bi-weekly/per year, etc.</i>	per
Ending Pay: <i>Indicate per hour/bi-weekly/per year, etc.</i>	per
Departure Reason:	
Eligible for Rehire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Responsibilities:	

Work History (Cont.), if applicable

Enter information about your work history for the last 10 years if for the position of driver. Attach extra pages if necessary.

Employment Start Date/End Date:	to
Job Title:	
Company:	
Starting Pay: <i>Indicate per hour/bi-weekly/per year, etc.</i>	per
Ending Pay: <i>Indicate per hour/bi-weekly/per year, etc.</i>	per
Departure Reason:	
Eligible for Rehire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Responsibilities:	

Required Work Eligibility Information

Please complete all questions in this section.

Are you a prior employee of AACOG or affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you served or are you currently serving as a committee member for AACOG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate which committee and the time served.	
Are you related to an AACOG Board member or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate name and relationship.	
Former Workforce Solutions-Alamo or Alamo WorkSource employee and/or board member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you furnish proof of eligibility to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Personal References

Enter professional references

Name:		Name:	
Phone Number:		Phone Number:	
E-Mail Address:		Email Address:	

CONSENT TO BACKGROUND SEARCH AND INVESTIGATION

CONSUMER NOTIFICATION: This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, and/or retention as an employee. The report may include, among other items, criminal background information, confirmation of your educational and employment history, an investigative consumer report (for which you may request a disclosure of nature and scope) as to your work performance, and confirmation of any references provided. A poor credit history or conviction will not automatically result in disqualification from employment. The undersigned hereby authorizes ALAMO AREA COUNCIL OF GOVERNMENTS (hereinafter referred to as "Employer") and/or its agents to make an investigation of my background, references, character, employment, credit, motor vehicle, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent. In the event of my employment by Employer, this authorization shall remain in effect for the duration of such employment. Prior to taking adverse action as a result of any investigations resulting from this authorization, Employer shall provide to me a copy of the consumer report or investigative consumer report which caused such adverse action and a summary of my rights under the *Fair Credit Reporting Act*. **I release Employer and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources.**

Signature: _____ Date: _____

If currently employed, may we contact current employer? Please initial: Yes _____ No _____

Please type or print legibly the information requested below, black ink only.

True and Complete
 Legal Name: First Middle Last _____
 Maiden or Other _____

Names Used: _____ Dates Used: _____
 Present Street _____ Dates of residence _____
 Address: _____ (e.g. 2003 to 2008) _____ to _____

City: _____ County: _____ State: _____ Zip: _____

Other cities and states lived in during the past seven years:
 City: _____ State: _____ Dates of residence: _____ to _____
 City: _____ State: _____ Dates of residence: _____
 City: _____ State: _____ Dates of residence: _____
 City: _____ State: _____ Dates of residence: _____

Driver's
 License Number: _____ State of Issue: _____
 Social Security _____

Date of Birth: _____ Number: _____

Note: The above information is required to ensure positive identification and is in no manner used as qualification for employment. California, Minnesota, and Oklahoma applicants check this box if requesting copy of report be sent to address above.

ALAMO AREA COUNCIL OF GOVERNMENTS REQUEST FOR PROCESSING

- Employment verification (10 yrs)
 - Criminal History, County
 - Criminal History, Statewide
 - Criminal & Sex Offender Database, National
 - Motor Vehicle Record
 - Civil Records County
 - Civil Records, Federal
 - Criminal History, Federal District
- If relevant to request, include job history, reference names and telephone numbers, and educational background*
- Requested by: Carmen Falcon Ruby Hernandez
 Lisy Velazquez
- Department: Human Resources
- Client ID: aac Fax to: AACOG 210-225-5937**

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NOTIFICATION OF CONFLICT OF INTEREST

I have read the Texas Administrative Code 40 TAC, Rule § 83.1 and hereby notify the Director of the Alamo Area Agency on Aging that I do not have a conflict of interest.

I have read the Texas Administrative Code 40 TAC, Rule § 83.1 and hereby notify the Director of the Alamo Area Agency on Aging of a conflict of interest I hold. That conflict of interest is as follows:

My association with the Alamo Area Agency on Aging is:

- Employee
- Volunteer working within programs
- Advisory council member
- Governing Board member

In that capacity, I agree not to participate in any decision relating to:

- The contract or procurement of services of goods in which I have a direct or indirect substantial personal interest or
- Have a substantial financial interest, directly or indirectly, in the contract or procurement of service or goods or the proceeds thereof.

Date

Printed name

Signature

