

Alamo Area Council of Governments



Application for Employment

Instructions for completing the AACOG application form:

1. Print or type information on this form using black or blue ink only.
2. Complete the application in its entirety. All blank spaces must be completed. ***If a question does not apply, enter N/A.***
3. Resumes are accepted only if they are attached to the completed application. Please do not send resumes alone.
4. Mail or hand deliver application to: AACOG-Personnel Office, 8700 Tesoro Drive, Suite 700, San Antonio, TX 78217; fax to (210) 225-5937; or e-mail signed and scanned application to mail@aacog.com.

1. Name: Last		First		Middle Initial		2. Social Security Number			
3. Title of Position Applying for:									
4. Home Address:				City		State			
5. Home Telephone Number				6. Employer's Telephone Number					
() -				() -					
7. City of Employment				8. State		9. Zip Code			
10. How did you learn about this job?			Place an "X" for all that apply:						
01 = AACOG Web Page			02= Texas Workforce Commission						
03 = Newspaper			04= Other						
11. Education: Circle the highest grade completed GED 9 10 11 12 Associate's Bachelor's Master's Ph.D.									
High School Name:			Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>		City, State:				
College/Technical School Name:		Field of study	Degree or number of sem. hrs		City, State:		Year Graduated		
College/Technical School Name:		Field of study	Degree or number of sem. hrs		City, State:		Year Graduated		
12. General Skills: Word Processing/Computer Skills - List software and years of experience:							0-1 yrs	1-2 yrs	2+ yrs
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Additional Skills:		List any other skills or aptitudes that you feel add to the overall effectiveness of this position.							

Name:		Last	First	Middle Initial	
14. Language(s):					
Language other than English in which you are fluent:			<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
Language other than English in which you are fluent:			<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
15. References: List a minimum of three references, including name, address, relationship, and telephone number.					
Name		Address		Relationship	Telephone Number
					() -
					() -
					() -
16. Are you related to an AACOG employee or a member of AACOG's governing board?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list A. Name and B. Relationship:					
A.			B.		
17. Are you a former Workforce Solutions-Alamo employee and/or board member?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
18. Employment History			This section MUST BE COMPLETED in its entirety, even if you are attaching a resume. Please furnish employment history for a minimum of 10 years. Attach additional sheets if necessary.		
Current or Most Recent Employer:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address		City	State	Zip Code	Telephone Number () -
Date employed: From To		Job Title		Supervisor's Name	
If currently employed, may we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Salary: \$ (monthly)					
Duties:					
Reason for Leaving:					
Second Most Recent Employer:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address		City	State	Zip Code	Telephone Number () -
Date employed: From To		Job Title		Supervisor's Name	
Salary: \$					
Duties:					
Reason for Leaving:					
Third Most Recent Employer:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address		City	State	Zip Code	Telephone Number () -
Date employed: From To		Job Title		Supervisor's Name	
Salary: \$					
Duties:					
Reason for Leaving:					

Name:		Last	First	Middle Initial
19. Office machines: List office machines that you operate.				
20. Professional Membership Affiliation: Describe briefly membership affiliation and offices you hold now or have held in professional organizations.				
21. *Have you ever been convicted of a criminal offense?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever been convicted of a misdemeanor involving theft, the use or possession of drugs or controlled substances, or possession of a weapon?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Have you ever entered a plea of nolo contendere to a criminal charge or indictment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever entered into a plea bargain in a criminal charge or indictment (including misdemeanors), resulting in probation or deferred adjudication?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "Yes" to any of the above questions, give details as to the offense, sentence, and year of conviction or plea.				
25. If you possess a commercial driver's license and are applying for a driver or temporary driver position, provide a list of each specific criminal offense or traffic violation not listed above of which you have been convicted, and each suspension, revocation, or cancellation of driving privileges that resulted from those convictions. (Required in order to comply with Texas Transportation Code, Section 522.064.				
26. Have you smoked in the last year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you still smoke?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, when did you quit?
27. In case of emergency, notify:				
Name:				
Relationship:			Telephone Number: () -	
Address:				
<p>I hereby certify that the foregoing statements are true, complete, and correct. I understand that any false statement, material omission, or misrepresentation on this application may constitute grounds for denial of employment, or may result in my dismissal if discovered after my employment. As part of the employment process and/or from time to time during my employment with AACOG, if employed, I hereby authorize AACOG to administer and I agree to submit to a physical examination and/or fingerprinting, that will be given at AACOG's expense, and I hereby authorize the release of information gathered as a result of such examinations, to be included in my personnel file at AACOG.</p> <p>In consideration of my employment with AACOG, I agree to comply with all of the rules, regulations, and policies of AACOG; I agree that my employment may be terminated any time, with or without cause, and with or without notice, at the option of either AACOG or myself; I agree and understand that my employment is for an indefinite period of time; and I further understand that no one has any authority on behalf of AACOG to enter into any agreement contrary to any of the foregoing, unless otherwise specifically stated in writing and signed by the Chairman of AACOG's Governing Board.</p>				
Signature			Date:	

*NOTE TO APPLICANT: If for any reason you refuse to answer the foregoing questions regarding criminal history and/or refuse to execute the accompanying Consent to Background Search, no questions will be asked and no conclusions will be drawn; however, in that event, your employment application will be rejected and denied from consideration.

EQUAL OPPORTUNITY EMPLOYER

AACOG is an Equal Opportunity Employer. Federal and State Laws prohibit discrimination in employment practices because of race, color, religion, sex, age, national origin or disability. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, or disability. Auxiliary aids will be made available upon request.

Additional page(s) attached? Yes No

NOTICE OF BACKGROUND SEARCH AND INVESTIGATION

You are advised that in connection with your application for employment, Alamo Area Council of Governments and/or its agents may make an investigation of your background, references, character, past employment, consumer reports, education, and criminal history record information, which may be conducted through personal interviews or which may be obtained from 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 on your application and/or obtaining other information which may be material to your qualifications for employment.

You are further advised that you have a right under *Fair Credit Reporting Act* to make a written request within a reasonable period of time for additional information regarding the nature and scope of this investigation, as well as for a written summary of your rights under the *Act*. You are further advised that prior to taking any adverse action based in whole or in part on this investigation, Alamo Area council of Governments will provide you a copy of any consumer report obtained therein and a summary of your rights under the *Act*.

CONSENT TO BACKGROUND SEARCH AND INVESTIGATION

I, _____, hereby authorize the Alamo Area Council of Governments ("AACOG") and/or its agents to make an investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information, which may be conducted through personal interviews or which may be obtained from 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 on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile, (fax) or xerographic copy of the consent shall be considered as valid as the original.

Upon a written request made within a reasonable period of time, AACOG shall provide additional information regarding the nature and scope of this investigation, as well as for a written summary of my rights under the *Fair Credit Reporting Act*. Prior to taking any adverse action based in whole or in part on this investigation, AACOG shall provide to me a copy of any consumer report obtained therein and a summary of my rights under the *Act*.

I release AACOG and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits arising out of or relating to the information obtained from any and all of the above-referenced sources.

AACOG	BY	() Credit () Criminal () Driving			NR-Date
Social Security Number		Position Applied for			
Last Name		Middle Initial	First Name		
Address		City	State	Zip	Telephone # () -
Date of Birth	Driver's License or ID #	Commercial Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/>	Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Passenger Endorsement Yes <input type="checkbox"/> No <input type="checkbox"/>	State
Signature		Date			

AACOG certifies that it has made all disclosures required by the *Fair Credit Reporting Act* to the individual identified above, that it will make any and all disclosures as may be required in the future, and that the information obtained will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

Name:	Last	First	Middle
Initial			
28. Employment History (continued):			
Fourth Most Recent Employer:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Address	City	State	Zip Code Telephone Number () -
Date employed: From	To	Job Title	Supervisor's Name
Salary \$ monthly			
Duties:			
Reason for Leaving:			
Fifth Most Recent Employer:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Address	City	State	Zip Code Telephone Number () -
Date employed: From	To	Job Title	Supervisor's Name
Salary: \$ monthly			
Duties:			
Reason for Leaving:			
Sixth Most Recent Employer:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Address	City	State	Zip Code Telephone Number () -
Date employed: From	To	Job Title	Supervisor's Name
Salary: \$ monthly			
Duties:			
Reason for Leaving:			
Seventh Most Recent Employer:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Address	City	State	Zip Code Telephone Number () -
Date employed: From	To	Job Title	Supervisor's Name
Salary: \$ monthly			
Duties:			
Reason for Leaving:			
Signature			Date:

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Affirmative action is taken by Alamo Area Council of Governments to employ and advance in employment qualified individuals regardless of their race, religion, ethnic origin, sex, disability, age, or veteran status. To assist in this effort, all applicants are requested to complete this form. Your cooperation is strictly voluntary. The information provided will be kept confidential, separate from personnel files, and will be used only for reporting purposes in accordance with Federal laws and regulations.

If you do not wish to provide this information, please print your name, the date, and indicate such fact in the appropriate space below. Your decision in this regard will not affect your application.

_____ I do not wish to provide the
Name Date the information requested below.

Affirmative Action Data

Please check the appropriate indicator. Are you:

- White Black Asian or Pacific Islander
 Hispanic American Indian Other (Specify) _____

Federal regulations define a disabled person as one who has a physical or mental impairment which substantially limits one or more of that person's major life activities (a major life activity is any mental or physical function, which if impaired, creates a substantial barrier to employment), or has a record of any impairment, or is regarded as having such impairment.

Do you have any physical, mental, or medical impairments which would interfere with your ability to perform the job-related functions required in this particular position for which you are applying?

YES NO

If yes, please identify your disability and what accommodations, if any, you may need to successfully perform your work.

Do you qualify as a Veteran of the Vietnam Era? A Vietnam Era is defined as persons who either:

- (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or release therefrom with other than dishonorable discharge, or
- (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

YES NO