



- AACOG Employment Application
- AACOG Intern Application ( Paid  Unpaid)
- AACOG Payroll Service Application
- AACOG Temporary Employee Application
- AACOG Volunteer Application

## Job Application

### Personal Information

Please fill in the following basic information.

Social Security Number (Optional):	
First/Given Name:	
Middle Name:	
Last/Family Name:	
Address:	
Address 2:	
Address 3:	
City/State/Zip:	
Country:	United States of America
Work Phone:	
Home Phone:	
Mobile Phone:	
Company E-Mail:	
Personal E-Mail:	

### 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 ( <a href="http://www.aacog.com">www.aacog.com</a> ) <input type="checkbox"/> Work In Texas Website ( <a href="http://www.workintexas.com">www.workintexas.com</a> ) <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Fair <input type="checkbox"/> Workforce Solutions – Alamo Center Referral <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:	
Skill:	
Years of Experience:	
Skill:	
Years of Experience:	
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:	
Certification Number:	
Comments:	
Certification or License:	
Issued By:	
Achieved Date:	
Expiration Date:	
Certification Number:	
Comments:	

## 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

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

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No

College/Technical School Name:	
City/State:	
Start Date/End Date:	to
Degree:	
Major:	
Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No

College/Technical School Name:	
City/State:	
Start Date/End Date:	to
Degree:	
Major:	
Graduated:	

## Work History

Enter information about your work history for the last 10 years.

Employment Start Date/End Date:	to
Job Title:	
Company:	
Address:	
City, State, Zip Code	
Phone Number:	
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:	
Employment Start Date/End Date:	to
Job Title:	
Company:	
Address:	
City, State, Zip Code	
Phone Number:	
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:	

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

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

## Voluntary Information for Affirmative Action

*This information is confidential and will be maintained separately from the application. Disclosure of the information is voluntary.*

Gender:	Not Specified/Declined
Ethnic Group:	Not Specified/Declined
If other Ethnic Group, please specify:	

## 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
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
Have you ever been convicted of any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Have you smoked in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you smoke more than once a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you quit smoking in the past year, when did you quit?	
Have you ever been discharged or asked to resign?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

## References

Professional Reference:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salutation:	
Name:	
Title:	
Company:	
Day Phone Number:	
E-Mail Address:	
Professional Reference:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salutation:	
Name:	
Title:	
Company:	
Day Phone Number:	
E-Mail Address:	

Professional Reference:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salutation:	
Name:	
Title:	
Company:	
Day Phone Number:	
E-Mail Address:	

# 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. I acknowledge that I am authorizing AACOG and/or its agent(s) to contact my previous employer(s).

If currently employed may we contact your employer?     Yes     No

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.

By submitting this application, 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. 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 at 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 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.

**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.

**NOTICE OF BACKGROUND SEARCH AND INVESTIGATION**

You are advised that in connection with your application for employment, AACOG 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 the 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, AACOG will provide you a copy of any consumer report obtained therein and a summary of your rights under the Act. If selected for an interview you will be required to complete the Consent to Background Search and Investigation form.

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Signature

Date

***Please note: Your resume may be attached to this job application.***