## AACOG 2-color LogoNon-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? |
| [ ]  AACOG Website ([www.aacog.com](http://www.aacog.com)) | [ ]  Job Fair |
| [ ]  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: |       |

# Language Abilities

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

|  |  |  |  |
| --- | --- | --- | --- |
| Language: |       | Acquired Date: |       |
| [ ]  Read Proficiency Level: | [ ]  Low [ ]  Fair [ ]  Adequate [ ]  Proficient [ ]  Fluent |
| [ ]  Speak Proficiency Level: | [ ]  Low [ ]  Fair [ ]  Adequate [ ]  Proficient [ ]  Fluent |
| [ ]  Write Proficiency Level: | [ ]  Low [ ]  Fair [ ]  Adequate [ ]  Proficient [ ]  Fluent |
| [ ]  Translate Proficiency Level: | [ ]  Low [ ]  Fair [ ]  Adequate [ ]  Proficient [ ]  Fluent |

# Education History

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

|  |  |
| --- | --- |
| Highest Grade Completed: | [ ]  9 [ ]  10 [ ]  11 [ ]  12 [ ]  GED[ ]  Associate’s [ ]  Bachelor’s [ ]  Master’s [ ]  Ph.D. |
| College/Technical School Name: |       |
| City/State: |       |
| Start Date/End Date: |       to       |
| Degree: |       | Major: |       | Graduated: | Yes [ ]  No [ ]  |

# Work History, if applicable

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

|  |  |
| --- | --- |
| Employment Start Date/End Date: |       to       |
| Job Title: |       |
| Company: |       |
| Company Telephone: |       |
| 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: | [ ]  Yes [ ]  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: |       |
| Company Telephone: |       |
| 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: | [ ]  Yes [ ]  No |
| Primary Responsibilities: |       |

# Required Work Eligibility Information

##### Please complete all questions in this section.

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

#  Personal References

***Enter professional references***

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