## 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: |  |