



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"/> Job Fair
<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:	

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:	
Company Telephone:	
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:	
Company Telephone:	
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:	

**ALAMO AREA COUNCIL OF
GOVERNMENTS EMPLOYMENT
CANDIDATE CONSENT TO BACKGROUND
INVESTIGATION**

DISCLOSURE THAT REPORT MAY BE OBTAINED: This is to inform you that a consumer report may be 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 as to your work performance (for which you may request a disclosure of nature and scope), and confirmation of any references provided.

AUTHORIZATION TO OBTAIN REPORT: The undersigned acknowledges having read the foregoing disclosure and 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. This report may be revealed to any person required to participate in the decision for employment. I further agree to a test for controlled substances, if requested. 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 during which period additional reports may be periodically obtained. 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*.

Signature: _____ Date: _____

Printed
Name: _____

CANDIDATE INFORMATION

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

True and Complete
Legal Name: First _____ Middle _____ Last _____

Present Street
Address: _____

City: _____ County _____ State: _____ Zip: _____

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

Date of Birth: _____ Social Security 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. For privacy policy, see FAQ tab at www.pre-employment.com.

Employer affirms that it has a permissible purpose for this report, has complied with the FCRA and applicable equal opportunity laws, and that candidate has signed the *Employment Candidate Consent to Background Investigation* which must accompany this page if requesting employment or education verification.

ALAMO AREA COUNCIL OF GOVERNMENTS REQUEST FOR PROCESSING

(Employer instructions: If requesting employment or education verification, include job history, reference names and telephone numbers, and educational background with your submission.)

- | | |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Employment verification (10 yrs) | <i>If relevant to request, include job history, reference names and tel numbers, and educational background.</i> |
| <input type="checkbox"/> Criminal history, county | |
| <input type="checkbox"/> Criminal history, statewide | |
| <input type="checkbox"/> Criminal & sex offender database, national | Recruiter Name: _____ |
| <input type="checkbox"/> Motor vehicle record CDL: Yes <input type="checkbox"/> No <input type="checkbox"/> | Department: _____ |
| <input checked="" type="checkbox"/> SSN+, auto-search developed jurisdictions | ClientID: aac |

Enter order online at DV2[®], fax to 877-735-9559, or email to research@pre-employment.com.

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