

PLEASE READ BEFORE FILLING OUT THE AMERICAN GI FORUM-NATIONAL VETERANS OUTREACH PROGRAM (AGIF-NVOP) EMPLOYMENT APPLICATION

Thank you for your interest in employment with the **American GI Forum National Veterans Outreach Program, Inc.** We are located at 611 N. Flores, San Antonio, Texas 78205.

The attached application form is our primary source of information regarding your work experience, education, and all other factors upon which we base job consideration and employment. It is, therefore, beneficial to your interest and essential to our needs that the application is filled out ACCURATELY and COMPLETELY.

INSTRUCTIONS:

1. PRINT CLEARLY. USE BLUE INK.

(Pens are available at receptionist's desk if needed)

2. Complete each block/blank EVEN IF YOU HAVE A RESUME.
(If something does not apply to you, indicate by writing "N/A".)
3. Address must be complete. Include street number, apartment number (if applicable), city, state, zip code and current phone number.

There are some positions that may require testing. Time permitting, the test may be administered the same day or it may be necessary for you to return another day for testing. Testing must be done by the closing date of the job announcement. You will be notified if a test is required for the position for which you are applying.

WHAT HAPPENS AFTER YOU HAVE COMPLETED THE APPLICATION?

Your application will remain active for a period of six (6) months. As we have other openings for which you qualify for, we will refer your application, along with other competitive applications for consideration when you inform the HR office to do so. If your application is selected for further consideration and you qualify for the position, we will invite you in for an interview.

NOTE: Employment applications that are **not thoroughly completed and signed will not be considered for further review.** It is the applicant's responsibility to ensure the employment application is completed in accordance with the instructions outlined above.



AMERICAN GI FORUM – NATIONAL VETERANS OUTREACH PROGRAM

EMPLOYMENT APPLICATION

APPLICANT: This application must be completed to the best of your ability to enable us to evaluate your qualifications. Please use **BLUE** ink if possible. A resume may be attached, but it cannot replace this application. Thank you for your interest in our organization.

POSITION APPLYING FOR: _____ **DATE:** _____

How did you hear about this position?

- ___ Craigslist
___ Hire the Veteran
___ Indeed
___ Job Fair - Specify: _____
___ University or college - Specify: _____
___ WorkIn Texas
___ Other: _____

1. Were you referred by one of the Case Managers with the American GI Forum? Yes No
2. If yes, give Case Manager's name (*San Antonio applicants only*): _____

APPLICANTS PERSONAL INFORMATION

Home Phone #: _____ Applicant Cell Phone #: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip code

Have you worked here before? _____

Are you authorized to work in this country? _____ When can you start? _____

What is the minimum salary you will accept per month? _____

MILITARY RECORD SERVICE

Branch of Service _____ Rank/Grade: _____

Years of service: _____ to _____ Were you discharged? Yes No

If so, what type of discharge? _____ Type of service duty: _____

Are you a member of any military Reserves/Guard unit? Yes No Specialty: _____

Did you take any training under the GI Bill? Yes No If so, what training? _____

At employer's request can you provide copy of your DD214? Yes No

EDUCATION

Do you have a high school diploma or GED? Yes No

Did you attend college or other business school? Yes No How long? _____ Years

Name of school, college or university: _____

Did you graduate? Yes No Type of Degree: _____ Major: _____

Scholastic Awards, Honors, and Fellowships received: _____

EMPLOYMENT HISTORY *(begin with the most recent employer)*

CURRENT Employer _____ From _____ to _____

Title: _____ Starting Pay _____ Ending pay _____

Supervisor's Name: _____ Phone #: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

FORMER Employer _____ From _____ to _____

Title: _____ Starting Pay _____ Ending pay _____

Supervisor's Name: _____ Phone #: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

FORMER Employer _____ From _____ to _____

Title: _____ Starting Pay _____ Ending pay _____

Supervisor's Name: _____ Phone #: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

FORMER Employer _____ From _____ to _____

Title: _____ Starting Pay _____ Ending pay _____

Supervisor's Name: _____ Phone #: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No

OTHER INFORMATION

Have you worked for AGIF-NVOP before? Yes No Dates: _____

Do you have any relatives working for AGIF-NVOP? Yes No If yes, state name & relationship:

Within the last five years have you ever been fired **or** quit a job after being notified that you would be fired? Yes No

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?
 Yes No If "yes", explain in detail below, give dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Do you have a valid Texas driver's license? Yes No Is your license currently suspended, rescinded, revoked or being held? Yes No If "yes", explain below:

Can you provide proof of auto liability insurance on your personal vehicle? Yes No

PERSONAL REFERENCES (must list 3 references that are not former employers or relatives)

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

MEMBERSHIPS, PROFESSIONAL LICENSES & CERTIFICATIONS

Please list any membership, civic, social, professional, or other certifications and/or licenses. Include organizations which you are or have been a member of within the last five (5) years.

SUMMARY – (write a brief summary as to why you feel qualified for this position)

USE THE BACKSIDE OF THIS PAGE OR ADDITIONAL SHEETS IF NEEDED

ACKNOWLEDGEMENT

I certify that the information on this application is true and accurate to the best of my knowledge. I understand that if employed, **false statements on this application shall be considered sufficient cause for immediate dismissal**. I hereby authorize Veterans Outreach Program to make any investigation of my personal history through any investigative agencies or bureaus of its choice.

SIGNATURE DATE



American GI Forum National Veterans Outreach Program

The American GI Forum (AGIF) National Veterans Outreach Program (NVOP) welcomes you.

The AGIF NVOP has established a procedure to resolve any complaints alleging a violation of the Non-Discriminatory and Equal Opportunity requirements of the Fair Housing Act, the Indian Civil Rights Act, the Age Discrimination Act of 1975, the requirements of Executive Order 11246 (Equal Employment Opportunity), the Rehabilitation Act of 1973, and the Housing and Urban Development Act of 1968, as outlined in; **Department of Housing and Urban Development, Office of Community Planning and Development Supporting Housing Program, Implementing Regulations (24 CFR Part 583, Subpart 538.325)**, dated 1996, the Workforce Investment Act (P.L. 105-220), dated August 7, 1998; and the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77), dated July 22, 1987.

It is your right to file a complaint under these laws and the AGIF NVOP Complaint Procedure, and you cannot be penalized in any way for filing your complaint. The address, phone number, and the name of the Equal Opportunity (EO) Officer for the agency is:

American GI Forum National Veterans Outreach Program
611 N. Flores, Suite 200
San Antonio, Texas 78205
Sergio Dickerson, EO Officer

(210) 223-4088

After the EO Officer receives your complaint, he will notify you in writing of the next procedure required to resolve your complaint. As long as you wish to pursue your complaint, the EO Officer will follow the steps described in the Complaint Procedure. You should study the Complaint Procedure carefully, and if you feel that the procedure is not being followed in resolving your complaint, contact the EO Officer. Remember that at any stage of the complaint, it is the EO Officer's job to assist you with any problems you may encounter in pursuing your complaint.

Equal Opportunity Is the Law

The AGIF NVOP is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship, or participation in programs funded by the Federal or State Governments. If you think that you have been subjected to discrimination under a program or activity sponsored by the AGIF NVOP, you may file a complaint within 180 days from the date of the alleged violation with the AGIF NVOP EO Officer at the above address. If you elect to file your complaint with the AGIF NVOP, you must wait until a decision is issued or until 60 days have passed, whichever occurs first before contacting the Director of Civil Rights below. If the AGIF NVOP has not provided you a written response within 60 days of filing your complaint, you may file your complaint directly to the Director of Civil Rights. You may also file your complaint with the Director of Civil Rights below if you are dissatisfied with the AGIF NVOP resolution to your complaint.

Director of Civil Rights
U.S. Department of Labor
200 Constitution Ave. Rm. 4123
Washington, D.C. 20210

Texas Workforce Commission
EEO Department
101 E. 15th Street
Austin, Texas 78778
(512) 463-2400
TDD (512) 1-800-735-2989

You will be asked to sign this notice and a copy will be provided to you. Please do not sign it until you have read it and you understand the complaint procedures.

I acknowledge receipt of a copy of this notice and certify that the Complaint Procedures have been explained to me and that I fully understand them.

Applicant's Signature: _____ *Date:* _____

Print Name: _____