Application for Counselor or Office Aide

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

"Employer"		Position applying for		
PERSONAL DATA				
Name (first and last)				
School Email				
POSITION INFORMATION	N Check what you are interested in.			
Counselor Aide				
Office Aide				
Explain why you want to be an Office	or Counselor Aide and why you think you	ı would be a good fit:		
Can you perform these essential functi	ions of the job with or without reasonable a	accommodation? Yes	No	
SPECIAL SKILLS List any spe	ecial skills or experience that you feel would	d help you in the position that yo	ou are applying for (leadership, or	ganizations/teams, etc.
REFERENCES Please list tw employers) If you don't have two pro	vo professional references not related to you ofessional references, then list personal, ur	u, with full name, email, phone in nelated references.	number, and relationship. (You ca	an use teachers or
Name	Ema		Phone	Relationship
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I certify that the facts set forth in this Application are true and complete to the best of my knowledge. I understand that if I am selected, false statements, omissions or misrepresentations may result in my removal from the course.

Applicant Signature

Date