





# ACES TEAM LEADER APPLICATION

Date \_\_\_\_\_

First name	Last name	Middle initial
Current address		
City	State	Zip code
Phone	<input type="checkbox"/> cell <input type="checkbox"/> home	E-mail address
Permanent address (if different from current one)		
City	State	Zip code
Emergency Contact (name, relation, phone)		

Are you currently enrolled as a full-time or part-time student at a post-secondary institution?     Yes     No  
 If yes, please list your school and major:

School Name	Year
Major(s)	Minor(s)

If yes, are you eligible for off-campus work study?     Yes     No

If you are not currently a student, please provide information on past education/training:

Institution	Major	Degree or Diploma	Year

Please provide information about your employment history, starting with your most recent job:

Company Name
Telephone
City, State
Date Started                      Date Ended
Name of Supervisor
May we contact? <input type="radio"/> Yes <input type="radio"/> No
Responsibilities
Reason for leaving

Company Name
Telephone
City, State
Date Started                      Date Ended
Name of Supervisor
May we contact? <input type="radio"/> Yes <input type="radio"/> No
Responsibilities
Reason for leaving

How did you hear about the ACES program?

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What interests you most about becoming a Team Leader with the ACES program?

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List all previous experience involving children/youth:

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### Availability

Team Leaders work at ACES either Mon & Wed, Tues & Thurs, or Mon-Thurs. Circle all times you are available.

School	Monday	Tuesday	Wednesday	Thursday
Green Central (Minneapolis)	2:00 – 5:15	_____	2:00 – 5:15	_____
Olson (Minneapolis)	_____	3:30 – 6:30	_____	3:30 – 6:30
Farnsworth (St. Paul)	_____	3:30 – 6:30	_____	3:30 – 6:30
Monroe Arts Plus (St. Paul)	3:30 – 6:30	3:30 – 6:30	3:30 – 6:30	3:30 – 6:30

Team Leaders are responsible for their transportation to and from the ACES after-school program site.

I will arrive at the ACES site via:  Bus  Car  Carpool  Other

Please let us know if you speak a second language \_\_\_\_\_  basic  conversational  fluent

### References

List two non-familial references. A representative from ACES may contact either or both of your references.

Name/Relation	Name/Relation
Phone	Phone

I certify to the best of my ability that the information provided on this application is true. I understand that false information given on this application or during the accompanying interview may eliminate me from consideration for the Team Leader position. I understand that ACES completes criminal background checks on all individuals applying for the Team Leader position. I further agree that, upon joining ACES, I will conform my conduct to the rules and expectations of the ACES program.

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Signature

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Date