

# AILEY EXTENSION

## Work Exchange Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment #	
City	State	ZIP	
Phone	E-mail Address		
Date Available to Start			
Are you authorized to work in the U.S.?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for Ailey?      YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when and for which dept.?			
INTEREST & EXPERIENCE			
List three reasons why you would like to work/volunteer at Ailey Extension? Please list them in order of importance:			
1:			
2:			
3:			
WORK AVAILABILITY – CHECK ALL THAT APPLY			
Monday	<input type="checkbox"/> 5:00 PM – 9:00 PM		
Tuesday	<input type="checkbox"/> 5:00 PM – 9:00 PM		
Wednesday	<input type="checkbox"/> 5:00 PM – 9:00 PM		
Thursday	<input type="checkbox"/> 5:00 PM – 9:00 PM		
Friday	<input type="checkbox"/> 5:00 PM – 9:00 PM		
Saturday	<input type="checkbox"/> 9:00 AM – 1:00 PM	<input type="checkbox"/> 10:00 AM – 2:00 PM	<input type="checkbox"/> 1:00 PM – 5:00 PM
Sunday	<input type="checkbox"/> 9:00 AM – 1:00 PM	<input type="checkbox"/> 12:00 PM – 4:00 PM	<input type="checkbox"/> 1:00 PM – 5:00 PM
<b>Compensation:</b> work in exchange for classes – 2 -classes for every 4-hr shift worked			
DISCLAIMER AND SIGNATURE			
I _____ (print name) certify that my answers are true and complete to the best of my knowledge.			
Signature		Date	

Please email this application form along with your resume to  
Renee McGinnis, Ailey Extension Front Desk Operations Manager, at [rmcginnis@alvinailey.org](mailto:rmcginnis@alvinailey.org).

*ONLY QUALIFIED CANDIDATES WILL BE CONTACTED*

Thank you for your interest in working at Ailey Extension!