



# ALABAMA OFFICE OF MINORITY AFFAIRS

## ALABAMA HBCU CO-OP PROGRAM

### APPLICATION FORM

## 1. APPLICATION FORM

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### Personal Information

1. Name: \_\_\_\_\_  

First
Last
2. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)
3. Phone/cell Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
4. Email Address (#1): \_\_\_\_\_ *school email*  
 Email Address (#2): \_\_\_\_\_ *alternate email*

### Citizenship, Racial and Ethnic Background

1. Are you a U.S. Citizen? YES \_\_\_\_ NO \_\_\_\_      Are you a permanent resident? YES \_\_\_\_ NO \_\_\_\_  
*\*At this time we are only accepting U.S. citizens and permanent residents for applications.\**
2. What is your race or ethnicity? Mark all boxes that apply.
 

|  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Hispanic or Latino              | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaskan native   | <input type="checkbox"/> Middle Eastern or North African |                                |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Some other race or ethnicity    | <input type="checkbox"/> White |

### School and Academic Information

1. I am a full-time student **currently enrolled** at one of the following schools: *Please check one that applies.*

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Alabama A&M University          | <input type="checkbox"/> Alabama State University                       | <input type="checkbox"/> Bishop State Community College |
| <input type="checkbox"/> Gadsden State Community College | <input type="checkbox"/> J.F. Drake State Community & Technical College |   |
| <input type="checkbox"/> Lawson State Community College  | <input type="checkbox"/> Miles College                                  | <input type="checkbox"/> Oakwood University             |
| <input type="checkbox"/> Selma University                | <input type="checkbox"/> Shelton State Community College                | <input type="checkbox"/> Stillman College               |
| <input type="checkbox"/> Talladega College               | <input type="checkbox"/> Trenholm State Community College               | <input type="checkbox"/> Tuskegee University            |
2. Did you transfer to your current school from another College/University? YES \_\_\_\_ NO \_\_\_\_  
 If yes, name of College/University \_\_\_\_\_
3. Current cumulative GPA: \_\_\_\_\_
4. What is your current year in school? *Please check one that applies.*  
 Freshman    Sophomore    Junior    Senior    Fifth-year Senior    Other \_\_\_\_\_  
*\* To apply, you must have at least one semester of school left.*
5. What is(are) your declared major(s)? \_\_\_\_\_
6. What is(are) your declared minor(s)? \_\_\_\_\_
7. School Faculty Mentor/Advisor contact information: Name \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



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### 3. RESUME

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Please submit your current resume. Your resume is a key document in making a good first impression on a potential employer.

### 4. TRANSCRIPT

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Please include a copy of your unofficial transcript in PDF format to include all semesters studied at your institution. If you are a transfer student, you need to have completed one semester of study at the current HBCU you are attending.

### 5. DOCUMENT CHECKLIST

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**CHECKLIST** : Complete ALL SECTIONS of the Application Form!

- Application
  - Short Essay
  - Placement Preference Sheet
  - Sign Statement of Understanding
- Resume
- Unofficial Transcript

#### HOW TO SUBMIT

Please your 1) Application, 2) Resume, and 3) Unofficial Transcript to: [info@aoma.alabama.gov](mailto:info@aoma.alabama.gov)

#### NEXT STEPS

The Alabama Office of Minority Affairs will review your application packet and contact you if a possible match with an employer arises and may request additional documents related to the specific employer.

**QUESTIONS?** Please feel free to contact the Alabama Office of Minority Affairs at **334-353-2113** with any questions regarding the application or process, or email your questions to [info@aoma.alabama.gov](mailto:info@aoma.alabama.gov)

# Alabama HBCU Co-Op Program

## Placement Preference Sheet

Please read carefully before filling in the areas below:

1. **Legal status requirement:** The Alabama HBCU Co-Op Program is administered through the Alabama Office of Minority Affairs to provide Co-Op positions in the public and private sectors. At this time, only U.S. Citizens and Permanent Residents are eligible to apply.
  
2. **Restrictions on geographical preference:** For 4-year institution students, students going into their sophomore year (2<sup>nd</sup> year) are only eligible to apply for Co-Op positions in the vicinity of the HBCU they are attending. Students going into their junior or senior years are eligible to apply for Co-Op positions in cities other than the location of the HBCU they are attending.
  
3. **Lodging:** It is understood by the applicant, that if selected for the Co-Op Program and placed in a position of first or second choice, ***it is the applicant's sole responsibility to find appropriate lodging*** for the duration of the Co-Op term. **The applicant's school, Employer, and AOMA are not responsible for locating or providing lodging for the applicant.** The student must be able to commute to the work site promptly and within reasonable time.

Name \_\_\_\_\_

Major \_\_\_\_\_

Minor \_\_\_\_\_

Graduation (Month/Year) \_\_\_\_\_/\_\_\_\_\_

Desired Start Term (Check all that apply)

- SPRING
- SUMMER
- FALL

Employer you are seeking to apply for \_\_\_\_\_

## **Statement of Understanding: Alabama HBCU Co-Op Program Policies**

1. I, \_\_\_\_\_, accept and understand that the following terms for the Alabama HBCU Co-Op Program (“Co-Op Program”) will be in force. ***All items must be initialed before submitting this form.***
2. \_\_\_\_ Since the Co-Op Program is an academic work program, pursuant to Section 438(b)4(b) of the Family Educational Rights and Privacy Act of 1974, I authorize the Alabama Office of Minority Affairs to obtain and release on my behalf to actual and prospective employers such information contained in my academic records as is necessary to facilitate such employers in assessing my potential and eligibility for Co-Op positions.
3. \_\_\_\_ I understand that my employment may be contingent on a physical exam and/or drug screening that may be required by an employer.
4. \_\_\_\_ The Alabama Office of Minority Affairs does not guarantee that I will obtain a Co-Op position. Acceptance of a Co-Op position does not guarantee job placement after the Co-Op terms are completed.
5. \_\_\_\_ I will not change my Co-Op plan, including the number of terms, without notifying the Alabama Office of Minority Affairs and my school. I will not transfer a Co-Op position to a summer job. If there are extenuating circumstances such that I am unable to complete the three Co-Op terms, I will notify the Alabama Office of Minority Affairs and my Employer of my intention to withdraw in a timely manner and work with both parties on how to proceed.
6. \_\_\_\_ I will enroll in the appropriate level of Co-Op course at my school and pay tuition (if required) for the Co-Op course each semester I work. I understand that it is my responsibility to enroll in the correct course by the enrollment deadline. I understand that failure to enroll and pay tuition may result in loss of student status, and may cause the loss of the Co-Op position and problems with financial aid and other offices on campus.
7. \_\_\_\_ I understand that I will be expected to work in the assignment for the length of time originally agreed upon at the time of hire, and will complete my work assignments in full and maintain satisfactory job performance and follow all policies of my employer. If there are extenuating circumstances, I will notify the Alabama Office of Minority Affairs and my employer in a timely manner of any necessary change in my work schedule.
8. \_\_\_\_ I understand that my employment as a Co-Op student is part of an educational work-study program, and I am not entitled to health insurance benefits and unemployment benefits.
9. \_\_\_\_ Failure to earn a passing grade in the Co-Op course may result in termination from the Co-Op Program.
10. \_\_\_\_ As a Co-Op student I am representing my school and the Alabama Office of Minority Affairs’ Alabama HBCU Co-Op Program in all my interactions with my employer.

**By signing below, I certify that I understand and agree with the Co-Op Program policies represented on this form.**

**I understand that failure to adhere to Co-Op Program policies may restrict me from participating in the Co-Op Program.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Alabama Office of Minority Affairs • 100 North Union Street, Suite 360 • Montgomery, AL 36104  
Telephone (334) 353-2113 • [aoma.alabama.gov](http://aoma.alabama.gov)

