



ALABAMA GOVERNOR'S OFFICE OF MINORITY AFFAIRS
ALABAMA HBCU Co-OP PILOT PROGRAM
APPLICATION FORM

1. APPLICATION FORM

Personal Information

1. First Name _____ Middle Initial _____ Last Name _____
2. Date of Birth: Month _____ Day _____ Year _____
3. Primary Phone Number: () _____ 4. Email Address _____

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

8. 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
9. Did you transfer to your current school from another College/University? YES _____ NO _____
 If yes, name of College/University _____
10. What is your current year in school? *Please check one that applies.*

<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Fifth-year Senior	<input type="checkbox"/> Other _____
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11. What is(are) your declared major(s)? _____
12. What is(are) your declared minor(s)? _____
13. Current cumulative GPA: _____
14. School Faculty Mentor/Advisor contact information: Name _____
 Email _____ Phone number _____
15. Who recommended and/or nominated you? Name: _____ Title: _____

2. CURRENT RESUME

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

3. DOCUMENT CHECKLIST

CHECKLIST

- Complete ALL SECTIONS of the Application Form
- Resume
- Placement Preference Sheet
- Sign Statement of Understanding

HOW TO SUBMIT

Please consolidate the above documents into ONE PDF FILE and send to info@goma.alabama.gov.

NEXT STEPS

The Governor's 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 Governor's Office of Minority Affairs at **334-353-2113** with any questions regarding the application or process, or email your questions to info@goma.alabama.gov

Alabama HBCU Co-Op Pilot Program

Placement Preference Sheet

Please read carefully before filling in the areas below:

1. **Legal status requirement:** The Alabama HBCU Co-Op Pilot Program is administered through the Governor's 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 (2nd 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 Pilot 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 GOMA 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(s)	
Graduation Year		Minor(s)	

Employer you are seeking to apply for (if known) _____

Desired Start Term (Check all that apply)

_____ SPRING 2021	_____ SUMMER 2021
_____ FALL 2021	_____ OTHER _____

Statement of Understanding: Alabama HBCU Co-Op Pilot Program Policies

1. I, _____, accept and understand that the following terms for the Alabama HBCU Co-Op Pilot 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 Governor's 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 Governor's 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 Governor's 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 Governor's 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 Governor's 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 Governor's Office of Minority Affairs' Alabama HBCU Co-Op Pilot Program in all my interactions with my employer.

IMPORTANT COVID-19 Update

In accordance with the most recent State of Alabama guidelines, the Governor's Office of Minority Affairs has determined that the AL HBCU Co-Op Program may take place face-to-face under the following conditions:

- If the State of Alabama guidelines change, we will adjust our policy accordingly and will notify you. These changes may include the possibility of restrictions on working face-to-face during the Co-Op Program if there is a resurgence of COVID-19.
- If you choose to participate in the AL HBCU Co-Op Program face-to-face, you must understand that there is still a risk of contracting COVID-19, and therefore you are working face-to-face at your own risk and will not hold GOMA or the Employer liable in case of contracting COVID-19. It is important to adhere to all safety guidelines that have been established by the local and/or state public health agency and your employer, including proper social

distancing measures, wearing a face covering at your workplace, frequently washing your hands and sanitizing work surfaces.

- You are not obligated to participate in the AL HBCU Co-Op Program face-to-face, although it is now permitted.
- Thank you for your patience as we continue to navigate the uncertainty surrounding the COVID-19 pandemic. Our greatest priority is the health and safety of our Co-Op students. We will continue to closely monitor this situation and communicate any updates should the State of Alabama guidelines change.

By signing below, I certify that I understand and agree with the Co-Op Program policies represented on this form. I have read the COVID-19 Update. I understand that failure to adhere to Co-Op Program policies may restrict me from participating in the Co-Op Program.

Student Signature _____

Date _____

