



2101 E. Broadway Road, Suite 4 Tempe, AZ 85282-1735  
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 E-mail: info@hostanexchangestudent.org  
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## AREA REPRESENTATIVE APPLICATION

### PERSONAL INFORMATION:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

### In case of an emergency notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you either a U.S. citizen or an alien authorized to work in the United States?  Yes  No

Alien Number (if applicable): \_\_\_\_\_

### EDUCATION:

School Level	Name and Location of School	# of Years Attended	Did You Graduate?	Subjects/Field Studied
High School				
College or University				
Other				

**GENERAL INFORMATION:**

Special study or research work: \_\_\_\_\_  
\_\_\_\_\_

Special skills: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any contact with Child Protective Services in the past?  Yes  No If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently work or volunteer for any of the local schools in a coaching, teaching or administrative capacity?

Yes  No If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

**DESIRED EMPLOYMENT:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you currently employed?  Yes  No If so, please provide the following information:

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Supervisor's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

1) Do you have any previous experience with student exchange?  Yes  No If so, please describe your involvement and include the name of the organization that you worked with.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Why are you interested in this particular job with our organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please provide a description of your personality.  
\_\_\_\_\_  
\_\_\_\_\_

4) Do you have any experience working with teenagers?  Yes  No If so, please explain.

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5) Do you speak any foreign language(s) fluently?  Yes  No If so, please elaborate.

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6) Do you perform any volunteer work in your community?  Yes  No If so, please describe.

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7) What type of personal growth do you anticipate by working for a student exchange program?

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**FORMER EMPLOYERS** (Please list your last three employers below.)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES:**

Please provide the names of at least three persons **not related to** you whom you have known for at least two years. If you have worked as an area representative for another exchange organization in the past, please provide at least two references from schools, host families or program directors that you have worked with.

**Reference #1:**

Name:	Relationship:	# of Years Known:
Address:		
City:	State:	Zip Code:
Phone:	E-mail:	

**Reference #2:**

Name:	Relationship:	# of Years Known:
Address:		
City:	State:	Zip Code:
Phone:	E-mail:	

**Reference #3:**

Name:	Relationship:	# of Years Known:
Address:		
City:	State:	Zip Code:
Phone:	E-mail:	

**AUTHORIZATION:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein, and the references listed above to give you any and all information concerning my previous employment. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated without prior notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERVIEWER'S USE ONLY** (Do not write below this line.)

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Interviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



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## Consent/Release Form for Background Screening of Area Representatives

*Please be sure to provide ALL of the requested information.*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I, the undersigned, authorize OCEAN to obtain from applicable agencies a criminal background check of my person. I understand that neither OCEAN nor its legal representatives, agents, etc. shall violate my privacy rights. I hereby release OCEAN from all liabilities as it relates to the procurement of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_