

**Alpha Gamma Rho Fraternity
10101 N. Ambassador Drive
Kansas City, MO 64153**

Name in full _____ School _____

Chapter and No. _____ Year initiated _____

Present address in full _____

Cell phone number _____

E-mail address _____

Home address in full _____

Education

List the high school(s) and college(s) you have attended:

Institution	Location	Years Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience

List chronologically the most recent positions you have held:

Position _____ Salary \$ _____ per _____

Firm _____ Address _____

Employed from _____ to _____

Supervisor _____

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Position _____ Salary \$ _____ per _____

Firm _____ Address _____

Employed from _____ to _____

Supervisor _____

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Fraternity Service

List all Chapter Offices held, elected and appointed:

Office	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you attended a National Convention? _____ When? _____

Have you attended a Leadership Seminar? _____ When? _____

Other Chapters visited (and for what occasion) _____

List your interfraternity activity, if any, IFC regional or national meetings attended: _____

When would it be possible for you to start if appointed? _____

Could you come to the Headquarters for an interview? _____

If so, when? _____

What are your career objectives? _____

Expected date of graduation _____

Letter Of Application

Write a letter of application, addressed to the Senior Director of Operations at the AGR Home Office, covering points not mentioned in this questionnaire and giving any other information concerning your experiences or inclination which show your fitness for the position.

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Personal Facts

In light of the duties of the job as outlined in the position description, are there any reasons you could not perform all of the essential functions of the job? _____

If no, please describe.

To what organizations do you belong? _____

Campus positions held and honors achieved _____

Cumulative scholastic average in college: _____ on _____ rating scale _____

Indicate experience and/or training in accounting _____

Is there any reason you cannot serve in the capacity as outlined? _____

Have you received any motor vehicle citations in the last 36 months? Yes No

Have you had any motor vehicle accidents in the last 36 months? Yes No

If yes, approximate date of accident _____

If yes, Description of accident _____

If yes, any citations issued, and if so, to whom? _____

Has your license ever been suspended or revoked? Yes No

If yes, please provide details _____

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References

Give the names, positions and addresses of five persons who are qualified to tell of your character, scholarship, personality, and general ability, and to whom you are willing that we contact. Please include: a member of the faculty or administration of your college, the Chapter Adviser or other Alumnus, a businessman, and a personal reference. You may also send letters from any of these.

* Name _____ Address _____

Position _____ Phone _____

* Name _____ Address _____

Position _____ Phone _____

* Name _____ Address _____

Position _____ Phone _____

* Name _____ Address _____

Position _____ Phone _____

Signed _____

Date _____