



Housing Authority of Winston-Salem Employment Application

500 West 4th Street, Suite 300
Winston-Salem, NC 27101
Phone: (336) 727-8500
www.haws.org

The Housing Authority of Winston-Salem (HAWS) is dedicated to providing equal opportunity in employment without discrimination based on race, color, national origin, religion, sex, sexual orientation, gender identity, age, veteran status, disability, genetic information, or political affiliation according to state and federal laws.

Full, Legal Name:

(First)

(Middle)

(Last)

Address:

(Street Address)

(City)

(State)

(Zip Code)

Phone:

Email:

Position(s) Applying for:

How did you learn about us?

HAWS Webpage

Newspaper

Staffing Agency

Career Fair

Online job board

Referral – Name:

Other:

Are you prevented from working lawfully in this country based on your Visa or Immigration status?

Do you consent to a background check and drug screening?

Are you currently employed?

Are you age 18 or older?

Have you applied to work here in the past?

If yes, what position?

Are you a former employee?

If yes, from (month/year)

to

Do you have friends/relatives who work for HAWS?

If yes, provide name(s):

Date available for work:

Full-time

Part-time

Temporary

Desired salary:

Currently in layoff status and subject to recall?

Can you travel for work?

Military status:

Active

Reserves/National Guard

Veteran

N/A

Do you have a valid driver's license?

License #

State of issue:

Education

Type of School	Name, City, State of School	No. of years completed	Major/Degree	Did you graduate?
High School				
College/Business/Trade School				
Professional School				
Other				

Describe any specialized training, job-related training or internships:

Employment History (Beginning with current or most recent position)

Name of Employer:

Name of last supervisor:

Dates of Employment: From (Month/Year)

To (Month/Year)

Last Salary

Complete Address:

Phone:

Your last job title:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Reason for leaving (Please be specific)

May we contact this employer?

Name of Employer:

Name of last supervisor:

Dates of Employment: From (Month/Year)

To (Month/Year)

Last Salary

Complete Address:

Phone:

Your last job title:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Reason for leaving (Please be specific)

May we contact this employer?

Employment History (continued)

Name of Employer:

Name of last supervisor:

Dates of Employment: From (Month/Year)

To (Month/Year)

Last Salary

Complete Address:

Phone:

Your last job title:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Reason for leaving (Please be specific)

May we contact this employer?

Name of Employer:

Name of last supervisor:

Dates of Employment: From (Month/Year)

To (Month/Year)

Last Salary

Complete Address:

Phone:

Your last job title:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Reason for leaving (Please be specific)

May we contact this employer?

Name of Employer:

Name of last supervisor:

Dates of Employment: From (Month/Year)

To (Month/Year)

Last Salary

Complete Address:

Phone:

Your last job title:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Reason for leaving (Please be specific)

May we contact this employer?

Professional/Trade/Business Associations:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list two business/professional references who are not friends, family or previous supervisors:

1. Name:

Relationship:

Email address:

Phone:

2. Name:

Relationship:

Email address:

Phone:

Additional Information:

(Please use this space to provide any addition information necessary to describe your full qualifications)

Signature and Certification

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary to make an employment decision.

I authorize the obtaining of "consumer reports" about me by the Housing Authority of Winston-Salem at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance agency to furnish any and all background information requested.

This application for employment shall remain active for a period of time not to exceed 45 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" employment relationship which may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If I am employed by this agency, I understand that false or misleading information provided in my application or interview(s) may result in discharge.

I understand that I am required to abide by all rules and regulations set by the employer.

I understand that a completed HAWS Employment Application is required for consideration for employment. Failure to complete and sign a HAWS Employment Application may result in my not being considered for employment with this agency.

(Applicant Signature - Please Type or Insert Digitally)

(Date)

(I, the Applicant, warrant the truthfulness of the information provided above and understand that the signature provided above constitutes as my legal signature)