## Housing Authority of Versailles P.O. Box 1389, 519 Poplar Street Versailles, KY 40383 Telephone: (859) 873-5351 Fax: (859) 873-1607

## **EMPLOYMENT APPLICATION**

The Housing Authority of Versailles is an Equal Opportunity Employer that hires qualified candidates without regard to race, religion, sex, sexual orientation, age, national origin, ancestry, citizenship, disability, or veteran status.

**Instructions:** Please print clearly in black or blue ink or type. Answer all questions completely, sign and date the form at the end of application.

## **PERSONAL INFORMATION:**

First Name	-
Middle Name	-
Last Name	
Street Address	
City, State, Zip Code	
Home Phone Number	Cell Phone Number
Are you 18 years of age or older?	
Yes No	
Social Security Number:	Date of Birth:
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Are you eligible to work in the United States?	Can you provide proof?	
YesNo	YesNo	
Do you have a valid Kentucky Driver's License?	Yes No	
Have you been convicted of or pleaded no contest to	a felony?	
YesNo		
If yes, please explain:		
Are you able to perform all required job duties of thisYesNo If not, please explain:	s position?	
POSITION/AVAILABILITY: Position Applied For:		
	Ill-Time Part-Time Season	al
	Are you willing to work over-time?	
	Yes No	
EDUCATION:		
Name and Address of High School Attended - Degree	e/Diploma - Graduation Date	
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Name and Address of College/University Attended - I		
Other Education:		

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**Skills and Qualifications:** Certifications, Licenses, Skills, Training, Awards - Dates Received

Are you proficient in Microsoft Office Suite? Please list your experience.
Are you able to keep confidentiality and agree to sign a confidentiality form/contract once hired
YesNo
EMPLOYMENT HISTORY:
Present or Last Position:
Employer:
Address:
Supervisor:
Phone:
Email:
Position Title:
From: To:
Job Duties/Responsibilities:
Salary:
Reason for Leaving:

## **Previous Position:**

Employer:
Address:
Supervisor:
Phone:
Email:
Position Title:
From: To:
Job Duties/Responsibilities:
Salary:
Reason for Leaving:
Previous Position:
Employer:
Address:
Supervisor:
Phone:
Email:
Position Title:
From: To:
Job Duties/Responsibilities:

Salary:
Reason for Leaving:
May We Contact Your Present Employer?
YesNo
References (3):
Name/Title/Address/Phone
Name/Title/Address/Phone

Name/Title/Address/Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

I understand that this employment application is not a contract and that it contains no representation of future or continued employment.

Signature	Date	
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