



APPLICATION FOR EMPLOYMENT

Employment Eligibility: If you are offered employment with the Housing Authority, you must satisfactorily complete a drug test, background check, and applicable pre-employment screenings. You must show proof of eligibility to work in the U.S. with appropriate identification. All documents must be current and at least one must include a photograph. The Housing Authority uses the E-verify program. For more information on E-verify, contact 1-888-464-4218

Answer each question fully and accurately. No action will be taken on this application until you have answered all questions completely. **Where Did You Hear About This Opportunity?**

E-mail:

Date: What position are you applying for:

Are you seeking: Full-time Part-Time Temporary

When would you be available to start?

Last Name First Name Middle Telephone Number

Address City State Zip

Are you 18 years of age or older? Yes No (If hired you may be required to submit proof of age)

If hired you will be required to furnish proof of your eligibility to work in the U.S.

Can you provide this? Yes No

Have you ever applied here before Yes No If yes, when?

Were you ever employed here Yes No If yes, when?
If yes, please provide details

For **Driving Jobs only**: Do you have a valid driver's license? Yes No

Driver's License Number Class of License State Licenses in

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, please provide details

EDUCATION:

List Name and Address of Schools Years Completed Diploma/Degree/Certificate

High School or GED	<input type="text"/>	<input type="text"/>	<input type="text"/>
College or University	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vocational or Technical	<input type="text"/>	<input type="text"/>	<input type="text"/>

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

--

Work History:

List the names of employers in consecutive order with present or last employer listed first. Account for all periods of time including any periods of unemployment. If self-employed, give firm name and supply business references. Note: a job offer may be contingent upon acceptable references from current and former employers.

Name of Employer

Job Title and Duties

--	--

Address

Dates of Employment (MO/YR) From To

--	--

City, State Zip Code

Reason for Leaving

--	--

Supervisor(s)

Supervisor's Telephone

--	--

Name of Employer

Job Title and Duties

--	--

Address

Dates of Employment (MO/YR) From To

--	--

City, State Zip Code

Reason for Leaving

--	--

Supervisor(s)

Supervisor's Telephone

--	--

Name of Employer

Job Title and Duties

--	--

Address

Dates of Employment (MO/YR) From To

--	--

City, State Zip Code

Reason for Leaving

--	--

Supervisor(s)

Supervisor's Telephone

--	--

Have you ever been fired from a job or asked to resign?

Yes No

Please provide three reference, not relatives or former employers:

Name	Address	Phone

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination and background check. I hereby consent to a pre-and drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date:

This application for employment will remain active for a limited time. Ask the organization's representative for details.

