

*An Equal Opportunity Employer*

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION** DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

OTHER NAMES USED BY ME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY STATE ZIP

PHONE/TEXT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SOC SEC #\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

POSITION DESIRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE YOU CAN START\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION/TRAINING**

|  |  |  |
| --- | --- | --- |
| NAME OF INSTITUTION | YEAR COMPLETED | DEGREE/CERTIFICATION |
|  |  |  |
|  |  |  |
|  |  |  |

**WORK HISTORY** (LIST LAST FOUR EMPLOYERS BELOW, STARTING WITH CURRENT/MOST RECENT)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONTH/YEAR | NAME AND ADDRESS OF EMPLOYER | POSITION | SALARY | REASON FOR LEAVING |
| FROM  TO |  |  |  |  |
| FROM  TO |  |  |  |  |
| FROM  TO |  |  |  |  |
| FROM  TO |  |  |  |  |

PLEASE FILL OUT EMPLOYER CONTACT INFOR FOR EMPLOYER IN THE GRAY BOX

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | POSITION | PHONE | EMAIL |
|  |  |  |  |

**REFERENCES** (LIST THREE PERSONS NOT RELATED TO YOU)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | CONTACT INFO | RELATIONSHIP | YEARS KNOWN |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CERTIFICATION**

I certify that I am physically capable of performing the normal duties associated with the position for which I am applying. (Specific physical requirements are listed in the appropriate job description.)

I authorize the investigation of all statements contained in this application.

I understand that misrepresentation or omission of facts called for is cause for dismissal.

I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I certify that neither my immediate family nor I have any conflicts of interest with the housing authority business.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_