

Application for Employment

Decatur Housing Authority



Please Print

Position(s) Applied For _____ Date of Application: ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-In Private Employment Agency Other

Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number (_____) _____ Social Security Number ____ - ____ - ____
Area Code

E-mail Address: _____

May we contact you at work? YES NO Phone Number: _____

If yes, work number and best time to call (_____) _____ Time ____:____ AM
PM

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If yes, give date and position ____/____/____ Position _____

Have you ever been employed here before? YES NO

If yes, give dates ____/____/____ to ____/____/____

Do you have any friends or relatives working here? YES NO If yes, who? _____
Relationship _____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work _____ Salary Expected/Needed: \$ _____

Type of employment desired Full Time Part Time Temporary Seasonal

Are you on lay-off or subject to recall? YES NO

Do you have access to a serviceable personal vehicle if your position requires the use? YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

Have you been convicted of a felony in the last seven (7) years,
Or have a felony charge pending against you? YES NO

If YES, please explain: _____

Driver's license number and type _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four(4) employers, assignments or volunteer activities, starting with the most recent, including military experience.
 Explain any gaps in employment in the comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
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		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the Authority.

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any D. Grade Point Average or Class Rank. E. major and minor field of study (if applicable).

A. School	B. No. of Years Completed	C. Degree	D. GPA/Class Rank	E. Major	E. Minor

List any Trade or technical training.

A. School	B. No. of Years	C. Degree	D. GPA	E. Field of Study

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

List any certifications or professional designations you hold.

Certifying Organization	Certification	Year Received

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Relationship	Years Known
	()		
	()		
	()		

List special accomplishments, publications, and/or awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date _____

(Please Print)

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip

Position Applied For:	
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Check One Of The Following: (Ethnic Origin)	
<input type="checkbox"/> White (includes Arabian)	
<input type="checkbox"/> Black (includes Jamaican, Bahamians and other Caribbean's of African but not Hispanic or Arabian decent)	
<input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)	
<input type="checkbox"/> Asian/Asian American (includes Pakistanis Indians & Pacific Islanders)	
<input type="checkbox"/> American Indian (includes Alaskans)	
Check if Applicable:	
<input type="checkbox"/> Disabled	

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employers, banks, credit unions, or other such depositories, private sources of income, or any Federal, State, or local agency, or government (including police departments), landlord or credit references (including a complete credit check) to furnish or release to the Housing Authority of the City of Decatur, Georgia such information as is requested by them for determining eligibility for employment. I hereby release such person, firm or agency from any liability in regard to the furnishing or release of such information, as it is my express consent to make such information available.

I am aware that failure to provide the requested information could result in the denial of my application for employment.

A photo static copy of this authorization shall be considered as effective and as valid as the original.

SIGNED _____

DATE _____

WITNESS _____

When applicants are recruited for open positions, completed applications on file are reviewed based on general employment interests and specific job interests noted by applicants. Applicants having education, training, and experience most closely related to the job performance requirements of the position are contacted to arrange interviews.

I understand that the Authority will thoroughly investigate my work and personal history and verify all data given on this application on related papers, and in interviews. I have signed the "Consent and Authorization for Release of Information" form authorizing the provision of information, and I release those providing information from all liability for damage in providing this information.

I understand that the Authority follows an employment-at-will policy, in that I or the Authority may terminate my employment at any time, or for any reason consistent with the Authority's Personnel Policies. I understand that no representative of the Authority has the authority to make any assurances to the contrary. I understand that this application is not an offer of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the Authority documents that will prove this. I understand that applications are kept on file for one year. During that period, I do not have to submit a new application to apply for any other job posting. Instead, I will notify the Housing Authority's staff in writing that I would like to be considered for another specific opening.

An applicant is responsible for contacting the Housing Authority if they wish to be considered for a specific opening.

CERTIFICATION

I hereby certify that the answers which I have given to the forgoing questions are full and true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentation of facts called for in my application for employment or any supplements thereto is cause for rejection of my application or dismissal from employment with the Housing Authority.

FURTHER, I attest under penalty of perjury to being a United States Citizen or National Alien admitted for Permanent Residence, or Alien Authorized for Employment.

Signature of Applicant _____ Date ____/____/____

Applicants Please DO NOT Write below this Line.

Interviewed by: _____ Date ____/____/____

Comments/Recommendations:

Signature/Date

Approval/Disapproval:

Starting Date: _____ Salary: _____

Position Title: _____ Classification: _____