

EMPLOYMENT APPLICATION

FWBHA believes in the principle of equal opportunity and complies fully with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, color, age, disability, veteran status, or marital/family status.

Today's Date:					
Name:	Social Security No:				
Present Address (City, State, Zip Code):					
How many years have you lived at this	Telephone Number				
address?	E-Mail Address				
Previous Address:	How long did you live there?				
Job(s) Applied For:	Rate of Pay	\$ per			
	Expected				
	Rate of Pay Expected	\$ per			
Do you want to work:	Specify days & hour	rs if part-time:			
Full-time Part-time					
Have you ever worked for FWBHA		Yes / No			
If yes, when?					
List any friends or relatives working for the	e Housing Authority:				
If hired, when will you be able to start wor	k?				
How did you hear about the position?					
Referred By:					
It is the policy of Fort Walton Beach Ho include a drug screen. A positive finding Authority. If a positive finding is the physician, your en	ng will preclude your em result of a prescription on apployment will not be aff	ployment with the Housing drug prescribed by your ected.			
SIGNATURE OF APPLICANT	DATE				
Have you ever been convicted of a felony of	crime? YesNo	If yes, describe:			
Do you have a valid driver's license?	Yes No No	State			

Person to be notified in case of an emergency:

Name:		Telephone:				
Address:						
EDUCA ³	TION BACKGROUND					
School	Name & Address of School	Course Study	e of	Did you Graduate?	Diploma/Degree	
High				N/A		
College				IN/A		
				N/A		
Other				N/A		
	YMENT HISTORY v. Begin with the most recent, all p	oresent and	d nast en	nnlovment)		
Employer	. Bogiii mar are moot recent, an p	n coont un	Years	проутста	Months	
Address 8	Telephone:		From:		То:	
Title:				g Salary:	Final Salary:	
Superviso	isor:		Reason for Leaving:			
Duties:						
Employer	mployer:		Years		Months	
Address & Telephone:		From:		То:		
Title:	e:		Starting Salary:		Final Salary:	
Supervisor:		Reason for Leaving:				
Duties:						
Employer:		Years		Months		
Address & Telephone:		From:		То:		
Title:	e:		Starting Salary: Fina		Final Salary:	
Superviso	r:		Reason for Leaving:			
Duties:						
Do you have any objection to our contacting your present employer concerning your qualifications? Yes / No						

PERSONAL REFERENCES						
Name & Occupation	Address	Telephone				
•						
Are there any experiences, skills, or qualifications which you feel would especially fit you for work with the Housing Authority?						
PLEASE READ CAREFULLY						
APPLICANT'S CERTIFICATION AND AGREEMENT						
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release without liability, all statements contained in this application and supporting materials.						
I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.						
If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.						
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this is organization is of an"at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this at will"employment relationship may not be changed by any written document or by conduct unless such change specifically acknowledged in writing by an authorized executive of this organization.						
Applicant Signature	Date	<u> </u>				
APPLICANT: DO NOT WRITE BELOW THIS LINE (INTERVIEWER'S COMMENTS)						