



**Person to be notified in case of an emergency:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**EDUCATION BACKGROUND**

School	Name & Address of School	Course of Study	Did you Graduate?	Diploma/Degree
High			N/A	
College			N/A	
Other			N/A	

**EMPLOYMENT HISTORY**

*(List below. Begin with the most recent, all present and past employment.)*

Employer:	Years	Months
Address & Telephone:	From:	To:
Title:	Starting Salary:	Final Salary:
Supervisor:	Reason for Leaving:	
Duties:		
Employer:	Years	Months
Address & Telephone:	From:	To:
Title:	Starting Salary:	Final Salary:
Supervisor:	Reason for Leaving:	
Duties:		
Employer:	Years	Months
Address & Telephone:	From:	To:
Title:	Starting Salary:	Final Salary:
Supervisor:	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 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**

\_\_\_\_\_  
\_\_\_\_\_  
**APPLICANT: DO NOT WRITE BELOW THIS LINE  
(INTERVIEWER'S COMMENTS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_