# Application for Employment

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| **Applicant Information** | | | | |
| --- | --- | --- | --- | --- |
| Name (Last, First MI) |  | | | |
| Street Address  City, ST Zip |  | | | |
| Mailing Address (if different)  City, ST Zip |  | | | |
| Email Address |  | | | |
| Cell Phone Number |  | | | |
| **Position Information** | | | | |
| Position of Interest |  | | | |
| Availability |  | | | |
| Would you be interested in temporary employment? | ❑ Yes ❑ No | | | |
| Do you possess any relevant licenses, certifications, or registrations? | ❑ Yes ❑ No Identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **General Information** | | | | |
| Are you either a U.S. Citizen or an alien authorized to work in the United States? | ❑ Yes ❑ No | | | |
| Are you 18 years of age or older? | ❑ Yes ❑ No | | | |
| Do you possess a valid driver’s license? | ❑ Yes ❑ No State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Are you fluent in any other languages and willing to communicate in those languages on the job? | ❑ Yes ❑ No Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Are you a veteran? | ❑ Yes ❑ No Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Have you ever previously been employed by the PHA? | ❑ Yes ❑ No Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Have you ever previously applied for employment with the PHA? | ❑ Yes ❑ No Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Are you related to anyone currently working for the PHA? | ❑ Yes ❑ No Name/Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Have you ever used any other name(s) different from the name listed above? | ❑ Yes ❑ No Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Education Information** | | | | |
| **School Name and Address** | **Years Attended** | **Graduated?** | **Degree Received** | **Major Course of Study** |
| High School |  | ❑ Yes ❑ No |  |  |
| College or University |  | ❑ Yes ❑ No |  |  |
| Graduate School |  | ❑ Yes ❑ No |  |  |
| Other Formal Training |  | ❑ Yes ❑ No |  |  |
| **Previous Employment Information** | | | | |
| **Employer Name and Address** | **From** (MM/YYYY) | **To** (MM/YYYY) | **Full or Part Time** ❑ FT ❑ PT | **Reason for Leaving** |
| Supervisor Name and Phone | Job Title | | Duties | |
|  | | | | |
| **Employer Name and Address** | **From** (MM/YYYY) | **To** (MM/YYYY) | **Full or Part Time** ❑ FT ❑ PT | **Reason for Leaving** |
| Supervisor Name and Phone | Job Title | | Duties | |
|  | | | | |
| **Employer Name and Address** | **From** (MM/YYYY) | **To** (MM/YYYY) | **Full or Part Time** ❑ FT ❑ PT | **Reason for Leaving** |
| Supervisor Name and Phone | Job Title | | Duties | |
|  | | | | |
| **Employer Name and Address** | **From** (MM/YYYY) | **To** (MM/YYYY) | **Full or Part Time** ❑ FT ❑ PT | **Reason for Leaving** |
| Supervisor Name and Phone | Job Title | | Duties | |
| May the PHA contact all previous employers/ supervisors? | ❑ Yes ❑ No Exception: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **References *(please list three professional references)*** | | | | |
| **Name** | | Relationship | | |
| Company Name & Address | | Phone for Reference | | |
|  | | | | |
| **Name** | | Relationship | | |
| Company Name & Address | | Phone for Reference | | |
|  | | | | |
| **Name** | | Relationship | | |
| Company Name & Address | | Phone for Reference | | |
| **Disclaimer and Signature** | | | | |
| *I understand that, in connection with my application for employment, the PHA may conduct background check(s) regarding my criminal history, driver history, and all other relevant matters. I further understand that the PHA may reject my application for employment based upon the results of any such background check(s).*  *I authorize my former employers to release any information they may have concerning my employment record and I release the PHA and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of the PHA to verify any and all information contained in this application.*  *I CERTIFY that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.*  Signature Date | | | | |