



# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Position desired: \_\_\_\_\_

[ ] Full time [ ] Part time

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and under certain circumstances the Housing Authority has the same right.

I understand that the Housing Authority reserves the right to require me to submit to a drug test, an alcohol test and/or medical examination to the extent permitted by law. I authorize the Conyers Housing Authority to investigate my driving record, my criminal record and my credit history; and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Housing Authority may contact my previous employers and I authorize those employers to disclose to the Housing Authority all records and other information pertinent to my employment with them. I also authorize the Housing Authority to provide truthful information concerning my employment with it to my future prospective employers, and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant

**PERSONAL DATA**

(Please print.)

Name: \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_

Present address: \_\_\_\_\_  
(Street and number)

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
(City / State / Zip code)

Cell Phone No. \_\_\_\_\_

Previous address: \_\_\_\_\_  
(Street and number)

E-Mail Address \_\_\_\_\_

\_\_\_\_\_  
(City / State / Zip code)

Are you 18 years of age or older? [ ] Yes [ ] No

Have you ever used any other name(s) in your lifetime? If yes, list all names you have been known by in the past.

\_\_\_\_\_

Have you ever been employed by the Conyers Housing Authority before? [ ] Yes [ ] No. If Yes, please give dates and position.

\_\_\_\_\_

Do you have any friends or relatives working here? [ ] Yes [ ] No. If Yes, please give name and relationship.

\_\_\_\_\_

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer _____ _____		Address _____ _____ _____ Telephone number: _____		
Employed From (mo. /yr.)	To (mo. /yr.)	Name and Title of Last Supervisor		
Your Title or Position		Starting Salary \$	Final Salary \$	
Reason for Leaving				
Present or Last Employer _____ _____		Address _____ _____ _____ Telephone number: _____		
Employed From (mo. /yr.)	To (mo. /yr.)	Name and Title of Last Supervisor		
Your Title or Position		Starting Salary \$	Ending Salary \$	
Reason for Leaving				
Present or Last Employer _____ _____		Address _____ _____ _____ Telephone number: _____		
Employed From (mo. /yr.)	To (mo. /yr.)	Name and Title of Last Supervisor		
Your Title or Position		Starting Salary \$	Ending Salary \$	
Reason for Leaving				

Have you ever been terminated or asked to resign from any job?     Yes     No. If Yes, please explain circumstances. \_\_\_\_\_

Please explain fully any gaps in your employment history. \_\_\_\_\_

May we contact your current employer?     Yes     No. If No, please explain. \_\_\_\_\_

**PREVIOUS EXPERIENCE**

Please indicate any actual experience that you have which you feel is relevant to the position for which you are applying.

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**EDUCATION**

School Name	Years Completed (Circle)	Diploma / Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

**PERSONAL REFERENCES**

Please list persons who know you well – not previous employers or relatives.

Name	Occupation	Address (Street, City, State, Zip Code)	Telephone Number	Number of Years Known

**DRIVING INFORMATION**

Do you have a current driver's license? [ ] Yes [ ] No

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? [ ] Yes [ ] No

If Yes, please explain circumstances. \_\_\_\_\_

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**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

**Completion of the information below is voluntary.**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral Source:      \_\_\_\_\_ Advertisement                      \_\_\_\_\_ School  
                                 \_\_\_\_\_ Employee                                      \_\_\_\_\_ Government Employment Agency  
                                 \_\_\_\_\_ Relative    \_\_\_\_\_ Private Employment Agency  
                                 \_\_\_\_\_ Walk-in    \_\_\_\_\_ Other \_\_\_\_\_

Name of Source (if applicable): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

As required, we comply with government regulations, including Affirmative obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

<b>CHECK ONE:    _____ MALE    _____ FEMALE</b>	
<b><u>CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:</u></b>  _____ Hispanic  _____ Black/African American  _____ White  _____ American Indian / Alaskan Native  _____ Asian  _____ Native Hawaiian or Other Pacific Islander	<b><u>CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:</u></b>  _____ Vietnam Era Veteran  _____ Disabled Veteran  _____ Disabled Individual

**FOR PERSONNEL DEPARTMENT USE ONLY**

**Position(s) applied for:** \_\_\_\_\_

\_\_\_\_\_ Available

\_\_\_\_\_ Not available

**Hired:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Position hired for:** \_\_\_\_\_

**Date of hire:** \_\_\_\_\_

**EEO classification:** \_\_\_\_\_

1. Officials and Administrators
2. Professionals
3. Technicians
4. Protective Service Workers
5. Paraprofessionals
6. Administrative Support
7. Skilled Craft Workers
8. Service-Maintenance

**Notes:** \_\_\_\_\_

\_\_\_\_\_

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**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_