

HOUSING AUTHORITY OF FRANKFORT APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without discrimination based on race, color, religion, gender, national origin, age, disability, and any other legally protected status.

(PLEASE PRINT)

Position Applied for	Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been involuntarily terminated from a job? Yes No

If Yes, please explain _____

Have you been convicted of a crime? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

Education and Training

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Where job related, indicate any foreign languages you speak, read, and/or write				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				
Describe any job-related training, apprenticeship, skills, or qualifications acquired from employment or other experiences.				

Employment Experience

Start with your present or last job and list your complete employment history.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed

		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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Specialized Skills: Check Skills/Equipment Operated

___ PC	___ Word	___ Excel	___ Powerpoint
___ Calculator	___ Creation of Spreadsheets/Graphs	___ Wordperfect	

References

1.	_____ () _____
(Name)	Phone #

(Address)	
2.	_____ () _____
(Name)	Phone #

(Address)	
3.	_____ () _____
(Name)	Phone #

(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____

	Date _____

NOTES: _____

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false, misleading, or inaccurate information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks _____

INTERVIEWER

DATE

Employed: Yes No Date of employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

NOTES _____

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