



THE HOUSING AUTHORITY OF THE CITY OF AUSTIN

P.O. Box 6159

Austin, TX 78762

Ph: (512) 477-4488 Fax: (512) 477-1272

APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out the application form completely; if Questions are not applicable, enter "NA". Do not leave response line blank. Resumes will be accepted for whatever additional Information they might contain, but not in place of a complete application. Be sure to sign the application when it is completed.

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NO.

ADDRESS (STREET) (CITY) (STATE) (ZIP) PHONE

POSITION DESIRED JOB NUMBER

SALARY EXPECTED FULL-TIME PART-TIME GRANT DATE AVAILABLE FOR WORK

Are you will to work hours other than 8-5? If yes, indicate when

Have you ever been convicted of a felony? If yes, please describe

Are you or is anyone in your family participating in an Assisted Housing program, either as a tenant or a landlord?

If yes, please explain

EDUCATION:

Highest elementary or high school grade completed (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate or earn a GED? (Note: Transcripts or diploma may be required for verification of education)

Table with 5 columns: Type of School, Name and location of school, Dates attended (From to), Did you graduate? (yes or no), List diploma or Degree earned

Please list any current licenses/certifications/registrations (include type and data received):

SPECIAL SKILLS/QUALIFICATIONS: List machines or office equipment you can operate:

Approximately words per minute in: Typing Dictation

What foreign languages do you speak fluently? read fluently?

write fluently?

MILITARY SERVICE: (ACTIVE DUTY) Branch Dates: From to

Are you in the Active Reserve?

EMPLOYMENT RECORD: Please indicate at least 10 years of employment. Start with the present or most recent position and work back. Include military service. Use additional sheets if necessary.

EMPLOYER: Mailing Address Phone # :		Type of Business:	Full Time _____ Part Time _____ Seasonal _____
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Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
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Immediate Supervisor:	Briefly describe your duties and responsibilities:
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Explain reason for leaving:

EMPLOYER: Mailing Address Phone # :		Type of Business:	Full Time _____ Part Time _____ Seasonal _____
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Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
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Immediate Supervisor:	Briefly describe your duties and responsibilities:
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Explain reason for leaving:

Do you have any relatives working for the Housing Authority of the City of Austin? ___ YES ___ NO If yes, list names, relationship, and position. _____

I hereby certify that the foregoing statements as well as those on any attachments(s) to the form are, to the best of my knowledge, true and correct and that they are all given of my own free will. I agree that any misstatements as to material facts will constitutes grounds for unfavorable consideration or dismissal from employment. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. A DPS Criminal background check, driving record, TX drivers License, and drug screen will be required upon offer of employment.

May we contact your present employer? ___ YES ___ NO Applicant Signature _____ Date: _____

<u>EMPLOYER:</u> Mailing Address		Type of Business:		Full Time _____ Part Time _____ Seasonal _____
Phone # :				
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
Immediate Supervisor:		Briefly describe your duties and responsibilities:		
Explain reason for leaving:				
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Explain reason for leaving:
