

**HOUSING AUTHORITY of THE CITY OF FOLEY, ALABAMA
APPLICATION FOR EMPLOYMENT**

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Housing Authority of the City of Foley Alabama to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, or any other condition protected by law. No question on this application is asked for the purpose of limiting or excluding an applicant's consideration for employment because of his/her race, color, religion, sex national origin, age, disability, or any other condition protected by law.

Please print or type all information. All information is to be completely provided except where it is indicated as not being applicable for the position for which you are applying. An incomplete application may disqualify you from consideration. If information is not applicable, enter N/A.

Position(s) Applied For	Date of Application
How were you referred to our company?	Earnings Expected:

PERSONAL DATA

First Name/Middle Initial/Last Name	Social Security Number	Phone Number
Present Address	City/State/Zip	Driver's License Number
State of License:		
Previous Address (If Less Than Three (3) Years):		

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

DO YOU QUALIFY UNDER SECTION 3
(A PUBLIC HOUSING RESIDENT
OR A LOW OR VERY LOW INCOME PERSON
DEFINED BY HUD)? YES NO

HAVE YOU APPLIED HERE BEFORE? YES NO DATE: _____

WORKED HERE BEFORE? YES NO DATE: _____

POSITION: _____

EMERGENCY CONTACT: NAME: _____ PHONE# _____

ADDRESS: _____

Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available For Employment:
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EDUCATION				
SCHOOL NAME AND ADDRESS	YEARS COMPLETED	GRADUATE YES or NO	DEGREE/DIPLOMA	DATE RECEIVED

LIST PROFESSIONAL OR TRADE LICENSES, CERTIFICATES OR REGISTRATIONS, AND ADDITIONAL JOB RELATED TRAINING, SKILLS OR EXPERIENCE

REFERENCES: NOT RELATIVES

Provide three professional references that we may contact, who are not related to you and who have knowledge of your abilities.

	NAME	ORGANIZATION/ADDRESS	PHONE
1			
2			
3			

WORK EXPERIENCE (List most recent job first and account for all periods of work and unemployment.)

Are you presently employed? Yes No If so, may we inquire of your present employer? Yes No

Company Name:
Phone:

Address:

From Date	To Date	Hours Worked Per Week	Position	Supervisor
Starting Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Briefly Describe The Duties You Performed

WORK EXPERIENCE (List most recent job first and account for all periods of work and unemployment.)

Provide Previous Employment Information

Company Name
Phone

Address

From Date	To Date	Hours Worked Per Week	Position	Supervisor:
Starting Salary	Ending Salary	Reason for Leaving		Supervisor Phone#

Briefly Describe The Duties You Performed:

WORK EXPERIENCE (List most recent job first and account for all periods of work and unemployment.)

Provide Previous Employment Information

Company Name

Address

Phone

From Date	To Date	Hours Worked Per Week	Position	Supervisor
				Supervisor Phone #
Starting Salary	Ending Salary	Reason for Leaving		

Briefly Describe The Duties You Performed

Have you ever been convicted of a felony since your 18th birthday or as an adult prior to your 18th birthday?

Yes No

A "yes" response to this question will not automatically disqualify you from employment with FHA: your response will be considered in relation to specific job requirements, the nature of the offense, how long ago the conviction occurred, etc.

APPLICANT'S STATEMENT

I, the undersigned applicant, hereby certify and affirm by signing below that all information provided by me is true and complete to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application. If employed, I realize false information, misrepresentations or omissions will be ground for dismissal. If employed, this application will become a part of my individual personnel file.

I authorize and understand that the Housing Authority of the City of Foley Alabama will perform pre-employment background screening to determine my suitability for employment in the position for which I have applied. As part of the investigation, I authorize prior employers, educators and contacts to release requested information and agree not to hold them or their organization legally liable for released information pertaining to my application for employment at this organization.

I understand that in the event I am employed, my employment shall be completely voluntary and may be terminated at any time by either myself or the Housing Authority of The City of Foley, AL. If employed, I agree to comply with all rules of the company as a condition of employment.

I further certify by signing below that I understand that nothing in this application or in the interview process is intended to create an employment contract between FHA and me. If I am employed by FHA from this application, I understand that I have a right to terminate my employment at any time and for any reason and that FHA retains a similar right.

Signature

Date