

APPLICATION FOR EMPLOYMENT

THE HOUSING AUTHORITY OF THE CITY OF EUFAULA, ALABAMA

AN EQUAL OPPORTUNITY EMPLOYER

Please read carefully prior to filling out this application

INSTRUCTIONS: All questions and entries must be answered or marked as applicable. If a question or entry does not apply mark it (N/A) for non-applicable. Applications not filled out properly are difficult to process according to a job classification. Your assistance and cooperation can help us in this matter. Please **DO NOT FOLD**.

PERSONAL (PLEASE PRINT PLAINLY)

Today's Date _____

Name _____ Social Security No. _____
Last First Middle

Present address _____
No. Street City State Zip

How many years have you lived at this address? _____ Telephone No. (_____) _____

Previous address _____ How long did you live there? _____
No. Street City State Zip

Job(s) applied for 1. _____

2. _____

Do you want to work () Full-Time or () Part-time.

Have you worked for us before? _____ If yes, when? _____ Department _____

List any relatives working for us. _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Housing Authority? _____

If hired, do you have a reliable means of transportation to get to work? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? () No () Yes

If yes, describe in full _____

Person to notified in case of accident or emergency

Name _____ Relationship _____ Home Phone No. _____

Address _____ Work Phone No. _____

EDUCATIONAL BACKGROUND

Elementary and High School: Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
HIGH SCHOOL			() Yes () No	
COLLEGE			() Yes () No	
POST GRDUATE			() Yes () No	
BUSINESS OR TRADE			() Yes () No	
OTHER			() Yes () No	

MILITARY SERVICE RECORD

Have you ever served in the armed forces? () Yes () No If yes, what branch? _____

Dates of duty: From _____ to _____ Rank at discharge _____
Month Day Year Month Day Year

What were your duties in the Service _____
 _____ Type Discharge _____

Reserves: Active _____ Inactive _____

PERSONAL INFORMATION:

Are you a citizen of the U. S. A.? _____
 Do you have a valid driver's license? _____ If yes, list state and number _____

PERSONAL REFERENCES

(DO NOT LIST FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PRIOR WORK HISTORY

(List below present and past employment, beginning with your most recent.)

Dates	Name & Address of Employer	Supervisors Name and Title	Reason for Leaving	List Wages \$ per hour
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/>

Describe the work you did _____

Dates	Name & Address of Employer	Supervisors Name and Title	Reason for Leaving	List Wages \$ per hour
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/>

Describe the work you did _____

Dates	Name & Address of Employer	Supervisors Name and Title	Reason for Leaving	List Wages \$ per hour
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/>

Describe the work you did _____

Dates	Name & Address of Employer	Supervisors Name and Title	Reason for Leaving	List Wages \$ per hour
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/>

Describe the work you did _____

May we contact the employers listed previously? Yes No
 If not, indicate below which one (s) you do not wish us to contact.
