

DURHAM HOUSING AUTHORITY

APPLICATION FOR EMPLOYMENT

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

(Please Print)

Position Applied For	Date Available	Expected Earnings
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Name (First)	(Middle)	(Last)	Telephone Number	Social Security Number
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Present Address (No, Street, City, state and Zip Code)

U.S. Citizen ____ Yes ____ No	Type of Visa Alien Reg. Card No.	Do you have work papers? What type?
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**Proof of citizenship or immigration status will be required upon employment.*

Have you been employed by the Durham Housing Authority before?
 ____ Yes ____ No If yes, when? From _____ to _____

If previously employed, in what capacity? _____ Under what name? _____

How were you referred to us?

Name of relatives or friends employed by DHA.

Do you have a driver's license? _____ What state? _____

Driver's License # _____ Class _____ Expiration Date _____

EDUCATION	CIRCLE HIGHEST GRADE COMPLETED:					
	Grade School 1 2 3 4 5 6 7 8			High School 9 10 11 12		College 1 2 3 4
	Name of School and Location (City)	Course of study	Years Completed	Did You Graduate	Degrees Received	
High School						
College or University						
Graduate School						
Military School						
Other (Specify)						

High School and College honors and activities:

Have you ever had any job-related training in the United States Military? _____ Yes ____ No
 If yes, please describe _____

EMPLOYMENT HISTORY

Please Answer All Questions Not Directly Covered By Resume

Please start with your present employer and work back.

Company Name			Your Title	
Company Address				
Date Started	Date Left	Last Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours per week:
May we contact your present employer? Yes _____ No _____		Supervisor's Name	Telephone	
Description of your duties and responsibilities				
Reason for leaving				

Company Name			Your Title	
Company Address				
Date Started	Date Left	Last Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours per week:
Supervisor's Name			Telephone	
Description of your duties and responsibilities				
Reason for leaving				

Company Name			Your Title	
Company Address				
Date Started	Date Left	Last Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours per week:
Supervisor's Name			Telephone	
Description of your duties and responsibilities				
Reason for leaving				
How many other companies have you worked for?				

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

Check Skills/Equipment Operation

Specialized Skills

____ CRT	____ Fax	Production/Mobile Machinery (List):
____ PC	____ Lotus 1-2-3	_____
____ Calculator	____ PBX System	_____
____ Typewriter ____ wpm	____ WordPerfect	_____
____ Dictation ____ wpm	____ Microsoft Word	_____
____ Other (list)	____ Microsoft Excel	

Do you speak a language other than English? Yes No If yes, what language? _____

Level of fluency: Fair Good Excellent

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, creed, national origin, age, sexual orientation, marital or veterans status, disability or other protected status.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

Have you ever been convicted for anything other than minor traffic violations? (A conviction will not necessarily preclude your employment.)

If yes, state offense, date, location.

YES _____ NO _____

Do you have other employment, own or operate a business that Would continue if employed here?

If yes, please explain

YES _____ NO _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

I certify that the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge true and that I have not withheld any pertinent information. I hereby authorize the DHA to make any investigation of my background deemed necessary including a check with the Department of Motor Vehicles on my past driving and accident record and a drug/alcohol screening. I also understand that any omission, misrepresentation or false information submitted in connection with this application, may result in refusal or separation from employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. 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. I understand, also, that I am required to abide by all rules and regulations of the employer. I agree I will be subject to a 6-month Probationary period. I have reviewed the job description and physical requirements of the job and I hereby authorize my former employers to furnish all information pertaining to my work record and release my former employers from all liability on account of furnishing such information to the company.

Date _____

Signature _____

FOR PERSONNEL DEPARTMENT USE ONLY
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Interview Date _____

Received for Reference Checks _____

D. L. Ordered _____

D. L. Received _____

Drug Screening Ordered _____

Drug Screening Received _____

Personnel Checks Completed _____

Executive Director Approval _____

Position _____

Grade _____

Start Date _____

Salary _____

Personnel Officer

Date

