

NOCONA HOUSING AUTHORITY EMPLOYMENT APPLICATION

Position Applied For: _____

Application Information

Full Name: _____ Date: _____
Last First M.I. Today's date

Address: _____
Street Apartment/Unit #

_____ *City State Zip Code*

Phone: _____ Email: _____

Date Available: _____ Full-time Part-time Temporary Desired Salary: \$ _____
MM/DD/YYYY

Are you authorized to work in the U.S? YES NO
-

Have you ever worked for NHA? YES NO
If yes, when? _____

Have you ever been discharged, fired, or asked to resign from any job? YES NO
If yes, explain? _____

Are you related to any current employee of Nocona Housing Authority? YES NO

Have you ever been convicted of a felony or Misdemeanor (including DWI/DUI)? YES NO
If yes, when? _____

Indicate any foreign languages you can speak, read and/or write: _____

Education

High School: _____ Location: _____

Did you graduate? YES NO

College: _____ Location: _____

Did you graduate? YES NO Degree: _____

Other: _____ Location: _____

Did you graduate? YES NO Degree: _____

Licenses, Certifications and Other Forms of Recognition

Applicants may be required to provide copies of licenses and certifications.

Indicate the type of license/certification, the state or other authority issued by and the expiration date:

Previous Employment

Begin with your most recent position and include all employment within the last 10 years, including each position held with the same employer. If you need additional space you may copy and attach additional pages.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference: YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference: YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference: YES NO

Qualifications

Please describe how you meet each of the minimum qualifications on the job description. You may attach a separate sheet of paper if more space is required.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Driving Requirements

If driving is a requirement of the position for which you are applying, a three year motor vehicle report from the Department of Public Safety will be required. Attach motor vehicle reports (MVR's) for all licenses you have held in the last three years to this application.

Disclaimer and Signature

Thank you for completing this application and for your interest in employment with The Nocona Housing Authority. All qualified persons will receive consideration without regard to race, color, religion, sex, age, national origin, veteran or disabled status (except where age, sex or physical requirement constitute a bona fide occupational qualification).

APPLICANT'S CERTIFICATION:

The information provided in my application for employment is true and correct to the best of my knowledge. I understand that, if employed, false statements or omissions on this application form or any other material required for employment shall be considered sufficient cause for discharge. I authorize The Nocona Housing Authority to investigate my personal history and/or employment record and to contact any and all references to obtain additional job related information about me. In consideration for the acceptance of my application, I release from liability The Nocona Housing Authority its officers and employees, and all other persons, corporations and organizations from claims and damages in connection with furnishing such information. I understand that the employment process may include testing and review of my driving record which is on file with appropriate law enforcement agencies. I also agree that if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain an acceptable driving record may result in my discharge. If offered employment by the Nocona Housing Authority, I agree to submit upon request to a medical examination and a drug and/or alcohol test to determine my ability to perform the duties of my position. I understand and acknowledge that employment with The Nocona Housing Authority is "at will" and that such employment relationship may be ended by the employee or by The Nocona Housing Authority at any time for any reason or for no reason at all. I further understand and acknowledge that no pre-employment or post-employment discussions or representations may vary the "at will" nature of any employment with The Nocona Housing Authority.

Signature: By typing your name, you are authorizing The Nocona Housing Authority to accept it as your original signature