

To: Applicants

Thank you for your interest in employment with the Huntsville Housing Authority.

*All Applicants **must** complete an official Huntsville Housing Authority application.

*Résumés may be attached but **WILL NOT** suffice for information requested, i.e., "See Résumé" is not acceptable and does not constitute answering requested questions.

Thank you,

Human Resources

Huntsville Housing Authority Application For Employment

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT HONESTLY.

IMPORTANT NOTICE: If you need assistance in completing this application, please contact our Human Resources Office. Applicants should be extremely careful as they complete this application. Huntsville Housing Authority (HHA) utilizes a sophisticated and detailed background and pre-employment investigation process. This process frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process determine any inaccurate or incomplete information, it will result in you either being disqualified from employment with HHA as an applicant, or it will result in termination if the inaccuracies are discovered subsequent to your employment with HHA. Accordingly, HHA strongly suggests that you NOT complete this application until you have the time and accurate information to do so. **HHA is an equal employment opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law. If you feel you have been unfairly treated or discriminated against for any reason, please call this to the attention of the Director of Human Resources so that we may address your concerns.**

NOTE: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

This application should be filled out using Adobe PDF Reader software. You may save a copy of this application to your computer and continue editing it at a later time; your current progress will be saved.

EMPLOYMENT INFORMATION

1. Position Applied For

PERSONAL INFORMATION

2. Applicant's Full Name

List any other names you have used or currently use, including your name, nicknames, stage names, married names, or gang names -- include circumstances. Please attach additional pages if necessary.

Name	Type, i.e., stage name, nickname, etc.

3. Social Security Number

4. Street Address

City State Zip Code

5. Home Phone Number Work Phone Number

May we contact you at work? yes no

Alternate Phone Number

When is the best time to contact you?

At Work: At Home:

RECORD OF EDUCATION

6.	Type	School Name, Address, City, State	Course of Study	# of Years Completed	Did You Graduate	Type of Degree, Diploma, or GED
	High School				<input type="radio"/> yes <input type="radio"/> no	
	Business/Trade				<input type="radio"/> yes <input type="radio"/> no	
	College				<input type="radio"/> yes <input type="radio"/> no	
	Graduate				<input type="radio"/> yes <input type="radio"/> no	
	Training					
	Certifications					

BACKGROUND DATA

NOTE: Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the position for which you are applying.

If you have been convicted of a crime, HHA will not automatically deny you employment because of this record. Factors such as age at the time of the conduct or offense, type of conduct or offense, remoteness of the conduct or offense in time, and rehabilitation will be taken into account in determining suitability for employment. Please answer fully and completely all the following questions. Please be sure to give separate answers for each conviction.

7. Have you ever been convicted of a crime? yes no If yes, please state the circumstances with regard to each.

	Date of Offense	Offense Charged	Nature of Penalty, Fine or Imprisonment
1			
2			
3			
4			

8. List all traffic violations in the past three years which resulted in a conviction or a guilty plea.

8.1 List all at-fault traffic accidents in the past three years.

9. Have you ever been discharged from any employment or asked to resign? yes no

If yes, please explain.

EMPLOYMENT HISTORY

10. Please list, beginning with your most recent employment (**starting with your current employer**), any and all prior work experience which you had during the past 10 years. **Be sure to account for any periods of unemployment at the end of this section if needed.**

Job 1:

Position Title:

Name of Employer:

Complete Address:

Phone #:

Dates of Employment:

From:

To:

Starting Salary:

Ending Salary:

Name of Last Supervisor:

Reason for Leaving (If you quit, state why. If terminated, reasons you were given.):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Job 2:

Position Title:

Name of Employer:

Complete Address:

Phone #:

Dates of Employment:

From:

To:

Starting Salary:

Ending Salary:

Name of Last Supervisor:

Reason for Leaving (If you quit, state why. If terminated, reasons you were given.):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

EMPLOYMENT HISTORY (continued)

Job 3:

Position Title:

Name of Employer:

Complete Address:

Phone #:

Dates of Employment:

From: To: Starting Salary: Ending Salary:

Name of Last Supervisor:

Reason for Leaving (If you quit, state why. If terminated, reasons you were given.):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Job 4:

Position Title:

Name of Employer:

Complete Address:

Phone #:

Dates of Employment:

From: To: Starting Salary: Ending Salary:

Name of Last Supervisor:

Reason for Leaving (If you quit, state why. If terminated, reasons you were given.):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

EMPLOYMENT HISTORY (continued)

Job 5:

Position Title:

Name of Employer:

Complete Address:

Phone #:

Dates of Employment:

From: To: Starting Salary: Ending Salary:

Name of Last Supervisor:

Reason for Leaving (If you quit, state why. If terminated, reasons you were given.):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Job 6:

Position Title:

Name of Employer:

Complete Address:

Phone #:

Dates of Employment:

From: To: Starting Salary: Ending Salary:

Name of Last Supervisor:

Reason for Leaving (If you quit, state why. If terminated, reasons you were given.):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Period of Unemployment 1. List date range and explanation below. From To

Explain

Period of Unemployment 2. List date range and explanation below. From To

Explain

OTHER QUALIFICATIONS, SKILLS, AND ABILITIES

11. Have you ever been employed by HHA? yes no

If so, please set forth all positions held, dates of employment, and reason(s) for leaving.

--

12. Have you filled out an application here before? yes no

If Yes, give date(s).

--

13. Names of relatives employed by HHA

--

14. U.S. Military Service - List branch, rank attained, dates, and nature of discharge*

--

15. If employed by HHA, will you continue to receive other compensation of any kind from any other employer or entity for services to be concurrently performed on behalf of that employer or entity? yes no

16. Please describe any other experience, abilities, skills, or credentials which you feel add to your qualifications for the position sought with us.

--

17. Please explain, in your own words, why you want to work at HHA, in what position(s), and any other information you feel should be considered in connection with your employment application. (Attach additional pages if necessary.)

--

PROFESSIONAL REFERENCES Please list up to 4 references other than relatives and previous employers.

Reference 1

Reference 2

18.	Name		
	Position		
	Company		
	Telephone		

Reference 3

Reference 4

	Name		
	Position		
	Company		
	Telephone		

* Dishonorable discharge from the Armed Forces will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense, and time and rehabilitation will be taken into account in determining the effects on suitability for employment.

Please read and initial the following statements:

I UNDERSTAND that this application will only be considered "active" for 60 days after the position applied for is filled. If I have not obtained employment with HHA within 60 days after the position applied for is filled, but remain interested in obtaining employment with HHA, I understand that I must complete a new application.

(Initial)

I ALSO UNDERSTAND that all statements made by me in connection with my application for employment may be checked by HHA. I authorize HHA to contact my prior employers, including each of those employers listed in Section no. 9, and other sources of information, regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify HHA, each of my prior employers, and each of the other sources of information contacted, and agree to hold them harmless from any claims arising from this authorization and direction.

(Initial)

THIS APPLICATION is not an employment agreement. If I accept an offer of employment, I agree to conform to the rules and regulations of HHA. I understand that as a condition of my employment and continued employment, I may be required to submit to, and do voluntarily agree to submit to any testing for the presence of drugs or alcohol, and to submit to any procedure to assess my qualifications for employment. I ALSO AGREE that, just as I have, if hired, the right to terminate my employment at any time, with or without cause, and with or without notice, **HHA may terminate my employment at any time with or without cause or notice, unless required by law.** I understand that **no manager or representative of HHA, other than the Executive Director/CEO of HHA, or his/her designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past, or in the future.** I further understand that even such an agreement **must be in writing and signed by the Executive Director/CEO of HHA, or his/her designee, for it to be binding on either myself or HHA.** I further understand that this **supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.**

(Initial)

I ACKNOWLEDGE and AGREE that if at any time I am subjected to any type of discrimination or harassment, I will contact HHA's Director of Human Resources immediately to obtain assistance in the resolution of such matters.

(Initial)

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

(Initial)

Applicant's Statement

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

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

Full Name

Social Security Number
(Enter only numbers)

Date

Driver's License Number

State Issued