



## Application for Employment

Position Applied For: _____	Date of Application ____/____/____ Time of Application _____ (Completed by EGHAP Staff)
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### Referral Source

Newspaper <input type="checkbox"/>	Internet <input type="checkbox"/>	Dept of Labor <input type="checkbox"/>	Employee <input type="checkbox"/>	Other <input type="checkbox"/>
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Name: \_\_\_\_\_

Last
First
Middle

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street
City
State
Zip

Telephone: Home:(     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

Work :(     ) \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ Are you at least 18 years of age? \_\_\_\_\_

### Educational Background

	Name and Location	# of Years Completed	Degree or Diploma	Year Received	Major or Minor
High School					
College or University					
Graduate or Professional					
Vocational					
Other					

## Employment History

Provide the following information for the last 10 years, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comment section below. *Please complete each blank.*

<b>1. Employer</b>	Dates Employed		Summarize the type of work performed below.
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference?	\$	Per	
<b>2. Employer</b>	Dates Employed		Summarize the type of work performed below.
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference?	\$	Per	
<b>3. Employer</b>	Dates Employed		Summarize the type of work performed below.
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference?	\$	Per	

Comments including explanation of any gaps in employment:

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**Skills and Qualifications** – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform this job. Provide dates and sources of issuance for certifications and licenses.

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**General Information**

1. Are you a U.S. citizen or legally eligible for employment in this country? \_\_\_\_\_

If not a US citizen, can you provide documentation verifying your legal right to work in this country? \_\_\_\_\_

2. Are you a veteran? \_\_\_\_\_ If yes, please provide your dates of military service.

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Month Year Month Year

3. Have you ever been previously employed with East Georgia Housing Authority Partners? \_\_\_\_\_

If yes, please provide the dates of employment.

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Year Month Year

4. Are you related by blood or marriage to any person now employed by East Georgia Housing Authority Partners? \_\_\_\_\_ If yes, provide the name and relationship: \_\_\_\_\_

5. Have you been arrested and/or convicted of any unlawful offense other than a minor traffic violation? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

6. Do you have a valid Class C driver’s license? \_\_\_\_\_ DL Number \_\_\_\_\_

7. Do you have transportation to work? \_\_\_\_\_ Will you work overtime if required? \_\_\_\_\_

**References** – List name and telephone number of three business/work references who are not related to you and are not previous supervisors.

Name	Telephone	Years Known

## **Equal Opportunity Employer**

East Georgia Housing Authority Partners is an Equal Opportunity Employer. East Georgia Housing Authority Partners will not practice or permit discrimination in employment on the basis of race, color, religion, sex, national origin, or disability. East Georgia Housing Authority Partners complies with all applicable legislation prohibiting age discrimination in employment.

East Georgia Housing Authority Partners complies with the Americans with Disabilities Act. It is EGHAP's policy not to refuse to hire a qualified individual with a disability because of that persons need for reasonable accommodations.

## **Controlled Substance Testing**

As a condition of employment by East Georgia Housing Authority Partners, you must submit to a controlled substance screening test. In order to be employed by East Georgia Housing Authority Partners, you must successfully pass this screening test.

## **Applicant Guidelines**

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that a separate application must be submitted for each vacant position applied for at East Georgia Housing Authority Partners.

## **Certification and Authorization to Release Information**

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this application may be grounds for dismissal. I authorize persons, schools, previous employers, and current employer (if approved above) to provide East Georgia Housing Authority Partners with any relevant information needed to consider my candidacy.

I certify that I have read and fully understand the conditions and seek employment under these conditions.

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Signature of Applicant

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Date