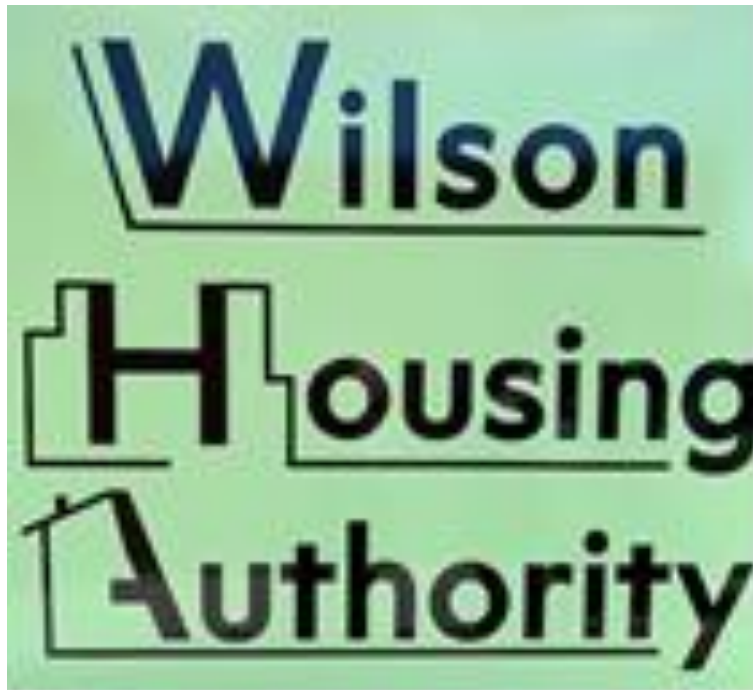


EMPLOYMENT APPLICATION



THE WILSON HOUSING AUTHORITY IS AN
EQUAL OPPORTUNITY EMPLOYER

The Wilson Housing Authority
301 E. Nash Street
Wilson, NC 27893

Last

First

MI

Date of Application

APPLICATION FOR EMPLOYMENT

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

Position(s) Applied For	Date of Application
How were you referred to our company?	

PERSONAL DATA	
First Name / Middle Initial / Last Name	Phone Number
Present Address	Secondary Phone Number
City / State / Zip	Email Address
Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current, valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for the Wilson Housing Authority before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you qualify under Section 3 (a Public Housing resident or a low or very low income person defined by HUD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available For Employment
On-Call Hour availability (Varies) <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION			
School Name & Location	HIGH SCHOOL	UNDERGRADUATE COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL
Years Completed (Circle)	1 2 3 4	1 2 3 4	
Diploma / Degree (Y/N)			
Describe Course of Study, List Professional or Trade Licenses, Certificates or Additional Job Related Training Skills or Experience			

REFERENCES		
Provide three professional references that we may contact, who are not related to you and who have knowledge of your abilities.		
NAME	ORGANIZATION / ADDRESS	PHONE

WORK EXPERIENCE (List most recent job first and account for all periods of work and unemployment.)				
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
1. Company Name		Address		Phone
From Date	To Date	Hours Worked Per Week	Position	Supervisor
Starting Salary	Ending Salary	Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly Describe the Duties You Performed				
2. Company Name		Address		Phone
From Date	To Date	Hours Worked Per Week	Position	Supervisor
Starting Salary	Ending Salary	Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly Describe the Duties You Performed				
3. Company Name		Address		Phone
From Date	To Date	Hours Worked Per Week	Position	Supervisor
Starting Salary	Ending Salary	Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly Describe the Duties You Performed				

Comments: _____

Have you ever been dismissed or asked to resign from any employment or position you have held? Yes No

Employer's Name _____ Date _____

If Yes, give reason: _____

DISCLOSURES, DISCLOSURE AUTHORIZATION, AND RELEASE

I UNDERSTAND AND AGREE THAT:

The Wilson Housing Authority does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any application from consideration for employment on a basis prohibited by local, state, federal law. The Wilson Housing Authority does not discriminate on the basis of sex, race, religion, color, national origin, age, disability, veteran status, or any other protected class or status.

All information provided by me is true and complete to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application, or if employed, may result in subsequent dismissal.

I authorize investigation of all statements contained in this application as necessary and any background check investigations in arriving at an employment decision. As part of the investigation, I authorize prior employers, educators and contacts to release requested information and agree not to hold them or their organization legally liable for released information pertaining to my application for employment at the this organization.

I understand that in the event I am employed, my employment shall be completely voluntary and may be terminated at any time by either myself of the Housing Authority of the City of Wilson. If employed, I agree to comply with all rules of the company as a condition of employment.

Print Name

Signature

Date