

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying

Educational Background, if job related

Name and location	Years completed	Did you graduate		Course of study
High School				
College		Major	Degree	
Other				

References

Name and Address	Telephone	Years Known
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	()	
	()	

Please read and sign the following statements. If you have any questions concerning this information or the policies of the Augusta Housing Authority, please contact the Human Resources Department.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any employment, on a basis prohibited by local, state or federal law.

This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement of 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 it is this company’s policy not to refuse to hire a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired I will be required to provide proof of identity and legal work authorization and valid current Driver’s License, if required for position. The form of identification could include one of the following (as specified on INS form I-9) U.S. Passport, Certificate of U.S. Citizenship or Naturalization, Unexpired foreign Passport with Employment Authorization, Alien Registration Card with photograph **or** two of the following State-issued Driver’s license or I.D. card with photograph and information, U. S. Military Card, Original Social Security Number Card, Original Birth Certificate, Unexpired INS Employment Authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____