

**AUGUSTA HOUSING AUTHORITY
1435 WALTON WAY
P.O. BOX 3246
AUGUSTA, GA 30914-3246**

Please Print

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____ Date available for work _____
Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-op

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone # _____ Other Phone/Pager _____ Social Sec. # _____

Driver's license number, if driving is an essential job function _____ State _____

Do you currently possess a legal valid Driver's license Yes No
Are you related to any current employee of the Augusta Housing Authority Yes No

If Yes, please provide name and position: _____

If you are under 18, and it is required, can you furnish a work permit? Yes No If No, please explain: _____

Are you legally eligible for employment in this country? Yes No
Have you been employed here before? Yes No
Have you been convicted of a crime in the last seven (7) years? Yes No

If Yes, please explain: _____
Conviction will **not** necessarily be a bar to employment. Each explanation will be considered in relation to the position for which you are applying.

EMPLOYMENT HISTORY Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
		Start \$	per Final \$ per
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
		Start \$	per Final \$ per
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From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
		Start \$	per Final \$ per

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
	()	
	()	
	()	

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 ____/____/____