



You may attach your resume with your application.

## APPLICATION FOR EMPLOYMENT

The Jefferson County Housing Authority is an equal opportunity employer and certified Drug-Free Workplace. We hire, promote, and take all other personnel actions without regard to race, color, sex, religion, national origin, age, disability, or military service connection. We provide reasonable accommodation to the known disabilities of applicants and employees, and accommodate the religious beliefs and practices of employees, provided such accommodations do not work undue hardship upon the Authority.

### PERSONAL

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Date</b>
<b>Street Address</b>			<b>Home Phone</b> ( )
			<b>Cell Phone</b> ( )
<b>City, State, Zip</b>			<b>Preferred Method of Communication:</b>
			Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/>
<b>Email:</b>			<b>Social Security No.</b>
<b>Driver's License Number</b>	<b>State Issued</b>	<b>Expiration</b>	<b>Nickname/Aliases</b>
<b>Position Desired</b>			<b>Pay Expected</b>
<b>What Hours Can You Work?</b>			<b>How Did You Learn of Our Organization?</b>
Hours _____ Days _____			
<b>Were You Previously Employed by the Authority?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, Please Complete the Following:</b>			<b>In Case of Emergency Notify</b>
Dates of Employment: From _____ TO: _____			Name: _____
Position Held: _____			Phone: _____
<b>Are You Legally Eligible for Employment in the United States?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Are You or Any Member of Your Family Related to or Have Any Business Relationship With a JCHA Employee or Board Member:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, Please Explain:			

Note: Pursuant to the Immigration Reform and Control Act of 1986, each applicant, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing the applicant's identity and authorization for employment in the United States. These documents must be produced not later than 72 hours after commencement of employment. An applicant must also complete and sign Form I-9 (Issued by the federal government) verifying under oath the applicant's identity and employment authorization.

**EDUCATION:**

School	Name & Location of School	No. of Yrs. Completed	Course of Study	Degree or Diploma
College				
High School				

**PROFESSIONAL****EDUCATION:**

Other Special Training or Skills (Language, Machine Operation, etc.):
Membership in Professional or Civic Organizations:

**PROFESSIONAL  
EMPLOYMENT**

Please give accurate, complete, full-time and part-time employment records. Start with present or most recent employment.

<u>Company Name</u>	Telephone
Street Address	City, State, Zip
Name of Supervisor	Contact Number
State Job Title and Briefly Describe Job Responsibilities	Employed (Month and Year) From: To: Pay Start: Last: Reason for Leaving
<u>Company Name</u>	Telephone
Street Address	City, State, Zip
Name of Supervisor	Contact Number
State Job Title and Briefly Describe Job Responsibilities	Employed (Month and Year) From: To: Pay Start: Last: Reason for Leaving
<u>Company Name</u>	Telephone
Street Address	City, State, Zip
Name of Supervisor	Contact Number
State Job Title and Briefly Describe Job Responsibilities	Employed (Month and Year) From: To: Pay Start: Last: Reason for Leaving
<u>Company Name</u>	Telephone
Street Address	City, State, Zip
Name of Supervisor	Contact Number
State Job Title and Briefly Describe Job Responsibilities	Employed (Month and Year) From: To: Pay Start: Last: Reason for Leaving

<b>Company Name</b>		Telephone
Street Address	City, State, Zip	Employed (Month and Year) From:                      To:
Name of Supervisor	Contact Number	Pay Start:                      Last:
State Job Title and Briefly Describe Job Responsibilities		

The Authority May  May Not  Contact my Present Employer For a Reference.

<b>MILITARY:</b>	Branch of Service
Describe Your Duties and Any Special Training	Period of Active Duty (Month and Year) From
Rank at Discharge	To Date of Final Discharge

**REFERENCES:**

Name                      Address                      Phone			Please List Three People Other Than Relatives Who Have Direct Knowledge of Your Qualifications and Capabilities.
			Email:
			Years Known
Name                      Address                      Phone			Email:
			Years Known
Name                      Address                      Phon			Email:
			Years Known

Criminal Background: I Hereby Understand and Consent to the Authority Conducting a Criminal Background Check. (Please Initial in the Box) <input type="checkbox"/>			With the Exception of Speeding and Parking Tickets, Please List Each Criminal Violation You Have Been Charged With, If Any.
Charge	Date	Disposition	Explanation
Charge	Date	Disposition	Explanation
Charge	Date	Disposition	Explanation

**IMPORTANT, PLEASE READ AND SIGN**

I understand, represent, and voluntarily agree that: (1) all of the information I have furnished in connection with this applications is complete, true, and correct; (2) any misrepresentation or omission is grounds for dismissal; (3) if I am employed by the Jefferson County Housing Authority, my employment may be terminated by me or by the Authority at any time, for any lawful reason, without cause, notice, or liability; (4) if I am employed by the Authority, I will comply with all of its rules and regulations, and (5) I consent to a background check by the Authority which may include, but is not limited to, contacting my references, obtaining local/state/federal records, obtaining personnel records from prior employers, and a criminal history review. I understand I may be required to submit further explanations and information based upon information obtained by the Housing Authority while conducting a background check in order for further consideration for employment. I hereby release from liability the Jefferson County Housing Authority and its representatives from seeking such information, and all others who furnish such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application