

Application for Employment



1524 South 16th Street
P.O. Box 899
Wilmington, NC 28402
910-341-7700

PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

Have you ever worked for the Wilmington Housing Authority? YES NO

If yes, give dates FROM ____ / ____ / ____ TO ____ / ____ / ____

Are you related by blood or marriage to an employee of the Housing Authority YES NO

Employee's Name _____ Relationship to Employee _____

Referral Source: Advertisement Employee Relative Walk-In Government or Private Employment Agency
 Other _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

If necessary, best time to call you at home is _____

May we contact you at work? YES NO

If yes, work number and best time to call (_____) _____
AREA CODE TIME

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If yes, give date ____ / ____ / ____

Are you legally eligible for employment in this country? YES NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____ / ____ / ____

Type of employment desired: Full Time Part Time Temporary

Will you travel if job requires it? YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

I UNDERSTAND THAT, IF OFFERED A POSITION WITH THE WHA, I MUST SUBMIT TO A DRUG AND ALCOHOL SCREEN. I ALSO WILL BE REQUIRED TO SUBMIT TO A PHYSICAL EXAMINATION IF SUCH INFORMATION IS RELEVANT TO MY ABILITY TO PERFORM THE JOB.

Applicant Please Initial: _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () —	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () —	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () —	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () —	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

Educational Background

A. List last three (3) schools attended, *starting with last one*, B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() - - -	
	() - - -	
	() - - -	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

List any additional information you would like us to consider.

Vietnam Era Veteran YES NO

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box YES

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 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 for me to fill out a new application.

Signature of Applicant _____ Date ____ / ____ / ____



HOUSING AUTHORITY
OF THE CITY OF
WILMINGTON, NORTH CAROLINA

PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize full disclosure of all information requested concerning me to the Housing Authority of the City of Wilmington, NC (WHA) for determining my qualifications and fitness for employment by the WHA. This may include, but is not limited to, my work record or, criminal record, regardless of their otherwise confidential nature and general reputation.

I hereby release you and your organization or others from liability or damage which may result from furnishing the information requested. I understand that the WHA will not reveal to me the nature or contents of any confidential reports received.

Applicant Signature

Date

Witness

Date

Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

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.

Date ____ / ____ / ____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

- ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL GOVERNMENT EMPLOYMENT AGENCY
 PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

APPLICANT'S NAME _____ () -
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____ STREET CITY STATE ZIP CODE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

- HISPANIC BLACK WHITE AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

- VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL