

EMPLOYMENT APPLICATION



Housing Authority of the City of Greenville

Central Office
Post Office Box 1426
1103 Broad Street
Greenville, NC 27835

Phone: 252-329-4000
Fax: 252-329-4026
www.ghanc.net

All information requested must be provided, and will be held confidential to the extent allowed by law. Incomplete applications cannot be considered. Thank you.

PERSONAL INFORMATION

Name _____ Email Address _____
Last First Middle

Physical Address _____ Telephone # _____
No. Street City State Zip

Mailing Address _____ Alt. Phone # _____
No. Street City State Zip

Are you age 18 or older? Yes No If no, give date of birth: _____

Is there any information we would need about your name or use of another name to enable us to check your work record, drivers license record or criminal conviction record? Yes No

If yes, please explain: _____

EMPLOYMENT DESIRED

Position applied for: _____

Are you available for: Full time Part time
If part-time, specify days and hours: _____

Were you previously employed by us? Yes No If yes, dates? _____

Do you have any relatives working for us? Yes No
If yes, please list names and relationship: _____

If your application is considered favorably, on what date would you be available for work? _____

Are you able to perform the essential tasks of the job applied for? Yes No
If not, what job functions would be affected? _____

Do you need any accommodations to perform the job applied for? Yes No
If yes, please explain: _____

Can you, after employment, submit proof of your legal right to work in the United States? Yes No
If no, please explain: _____

MILITARY INFORMATION

Were you in the U. S. Armed Forces? Yes No If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at discharge: _____
Month/Day/Year Month/Day/Year

List duties in the service including special training: _____

REFERENCES

Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

| | NAME | ADDRESS | TELEPHONE |
|----|-------|---------|-----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

EDUCATIONAL HISTORY

Last high school attended: _____ Year of Graduation: _____
 Address: _____

Circle/check highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you either graduate from high school or pass the High School Equivalency Test? Yes No

| Education beyond High School | Name and Address | Attended | | Years Completed | Major Course of Study | Did you Graduate? | Degree or Diploma & Yr Received |
|------------------------------|------------------|------------|----------|-----------------|-----------------------|-------------------|---------------------------------|
| | | From Mo/Yr | To Mo/Yr | | | | |
| College or University | _____ | | | | | | |
| | _____ | | | | | | |
| Graduate or Professional | _____ | | | | | | |
| | _____ | | | | | | |
| Other (Specify) | _____ | | | | | | |
| | _____ | | | | | | |

ADDITIONAL INFORMATION

If applicable, have you complied with the U.S. Selective Service (draft) registration requirements? Please check one and initial.

Yes No Initials: _____

Have you EVER; pled guilty, nolo contendere (no contest) or been convicted of a crime, been placed on probation, or given a suspended sentence or deferred prosecution? Include convictions for offenses such as driving while impaired, simple worthless check, and ANY misdemeanor or felony even if resolved outside of court? NOTE: Exclude minor traffic violations and juvenile offenses if records are legally sealed. Yes No

If yes, describe in full. (Conviction will not necessarily disqualify an applicant from employment.)

Are you currently under charges for ANY offense against the law? NOTE: Include traffic offenses. Yes No

If yes, describe in full: _____

Check the types of vehicles you qualify to operate: Passenger car Bus/Van (16 passenger or greater)
Utility/Cargo Van Light truck Heavy truck or tractor Other: _____

Drivers license no: _____ Class: _____ State: _____ Expires: _____

Are you restricted from obtaining or do not qualify for any specific Class(s) of license? Yes No

If yes, which Class(s) and why?

Has your driver's license EVER been suspended or revoked for ANY reason? Yes No

If yes, list violation(s): _____

Have you had any convictions for moving violations within past 3 years, if yes, how many? _____
Yes No

Please list the traffic violations/citations, other than parking, that you have received within the past 3 years. For each offense listed, state the approximate date of the offense, the result (example: not guilty, guilty, responsible, paid before court, dismissed, prayer for judgment, suspended judgment), and the punishment imposed (example: fine, court costs, suspended license, revocation of license, jail, suspended sentence). Type "none" if you have not received any moving traffic violations/citations within the past 3 years.

If yes (above), list offense(s), date(s), result(s), punishment(s).

Have you ever been fired or asked to resign from any job? NOTE: Prior discharges or forced resignations will not necessarily disqualify you from employment. Yes No

If yes, which job(s) and why?

Check boxes indicating kind of work in which you have experience with or job fields you have worked in (check all that apply):

| | | | | | | | |
|------------------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|------------|--------------------------|
| Accounting / Finance | <input type="checkbox"/> | IT / MIS | <input type="checkbox"/> | Inspections | <input type="checkbox"/> | HVAC | <input type="checkbox"/> |
| Payroll / HR | <input type="checkbox"/> | Receptionist | <input type="checkbox"/> | Carpentry | <input type="checkbox"/> | Electrical | <input type="checkbox"/> |
| Microsoft - Excel/Word | <input type="checkbox"/> | Housing/Counseling | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> |

List any other experiences, skills, or qualifications which you feel would best fit you for the position with GHA?

Do you have any Certifications and Licenses that would assist with your qualifications for the job? Yes No

If yes, list each along: _____

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent. Include military service in proper time sequence and temporary or part-time jobs.

Title of present/last position: _____ Starting Salary: _____ Last Salary: _____
 Name of employer: _____ Address: _____
 Name/title of supervisor: _____ Business telephone: _____

| | |
|-----------------------------------------------------|---------|
| Date employed: | |
| Date separated: | |
| Full-time <input type="checkbox"/> | Yrs/Mos |
| Part-time <input type="checkbox"/> | Yrs/Mos |
| If part-time, list number of hours worked per week: | |

Duties: _____

 Reason for leaving: _____

Title of present/last position: _____ Starting Salary: _____ Last Salary: _____
 Name of employer: _____ Address: _____
 Name/title of supervisor: _____ Business telephone: _____

| | |
|-----------------------------------------------------|---------|
| Date employed: | |
| Date separated: | |
| Full-time <input type="checkbox"/> | Yrs/Mos |
| Part-time <input type="checkbox"/> | Yrs/Mos |
| If part-time, list number of hours worked per week: | |

Duties: _____

 Reason for leaving: _____

Title of present/last position: _____ Starting Salary: _____ Last Salary: _____
 Name of employer: _____ Address: _____
 Name/title of supervisor: _____ Business telephone: _____

| | |
|-----------------------------------------------------|---------|
| Date employed: | |
| Date separated: | |
| Full-time <input type="checkbox"/> | Yrs/Mos |
| Part-time <input type="checkbox"/> | Yrs/Mos |
| If part-time, list number of hours worked per week: | |

Duties: _____

 Reason for leaving: _____

EMPLOYMENT HISTORY (continued)

Title of present/last position: _____ Starting Salary: _____ Last Salary: _____
Name of employer: _____ Address: _____
Name/title of supervisor: _____ Business telephone: _____

| | |
|-----------------------------------------------------|---------|
| Date employed: | |
| Date separated: | |
| Full-time <input type="checkbox"/> | Yrs/Mos |
| Part-time <input type="checkbox"/> | Yrs/Mos |
| If part-time, list number of hours worked per week: | |

Duties: _____

Reason for leaving: _____

I hereby certify that all statements on this application are true and correct to the best of my knowledge, and I agree to permit the investigation of each statement made by me hereon unless otherwise indicated. I understand that my employment is contingent upon passing a physical examination including a substance abuse screening. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements. Pitt County residency may be required for certain positions for continued employment (i.e. management team, designated emergency response personnel and others designated by the Executive Director). I further understand that any misstatement on this application shall be cause for discharge.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Greenville Housing Authority, whether the said records are of a public, private, or confidential nature through a background check. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full Signature (include maiden name if applicable)

Date

Greenville Housing Authority is an equal opportunity/affirmative action employer (M/F/H)

GREENVILLE HOUSING AUTHORITY APPLICANT DATA CARD

In order to comply with Equal Employment Opportunity requirements, all applicants for employment are requested to answer the following questions. Data collected will be used for statistical reporting purposes and to measure the effectiveness of our recruitment efforts. Your cooperation in voluntarily providing this information is important to the success of our Equal Employment Opportunity programs. This information will be kept confidential and is not provided to hiring authorities.

Position applied for: _____ Date: _____

Name: _____

Date of birth: _____ Check one: Male Female

Race: (check only one) White Black Hispanic American Indian/
Alaskan Native Asian/Pacific
Islander

Check if applicable: Vietnam era
veteran Disabled veteran Handicapped

Referral source: Advertisement Job Service Friend Relative HA Employee

Private Employment Agency Other

Employment Reference Check Authorization

The Housing Authority of the City of Greenville, NC would like to contact your employment references. By signing below, you authorize us to call or write the persons listed on your resume' and/or application materials.

Applicant Name

Application Date

Social Security Number Disclosure Notice

Thank you for your interest in employment with Greenville Housing Authority. As part of your application for employment, you are required to provide your Social Security number to Greenville Housing Authority at the time of offer. **This is mandatory.** Your Social Security number will be maintained and used by Greenville Housing Authority as a means to uniquely identify your records during the processing and tracking of your application and to conduct background checks. If you are hired by Greenville Housing Authority, your Social Security number will be used for payroll and benefit purposes, as well as for compliance with federal and state reporting requirements including taxes. The Greenville Housing Authority will not disclose your Social Security number without your consent for any purpose except as allowed by law. **If you fail or refuse to provide your Social Security number, after being offered a position, this will be considered grounds for rejection of our offer and your refusal of employment.**