

## APPLICATION FOR EMPLOYMENT

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT HONESTLY.

**IMPORTANT NOTICE:** If you need assistance in completing this application, please contact our Human Resources Office. Applicants should be extremely careful as they complete this application. Huntsville Housing Authority (HHA) utilizes a sophisticated and detailed background and pre-employment investigation process. This process frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process determine any inaccurate or incomplete information, it will result in you either being disqualified from employment with HHA as an applicant, or it will result in termination if the inaccuracies are discovered subsequent to your employment with HHA. Accordingly, HHA strongly suggests that you NOT complete this application until you have the time and accurate information to do so. **HHA is an equal opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law. If you feel you have been unfairly treated or discriminated against for any reason, please call this to the attention of the Director of Human Resources so that we may address your concerns.**

Employment is conditioned on the successful completion of the screening process. By signing this application, I represent that the information provided in this form is given voluntarily, may be used in filing reports required by state and federal governments and agencies, may be disclosed to others, and used for any other purpose not prohibited by law.

NOTE: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

### EMPLOYMENT INFORMATION

1. Position Applied For \_\_\_\_\_

### PERSONAL DATA

2. Applicant's Full Name \_\_\_\_\_

List any other names you have used or currently use, including your name, nicknames, stage names, married names, or gang names — include circumstances. Please attach additional pages if necessary.

Name	Type, i.e., stage name, nickname, etc.

3. Social Security Number \_\_\_\_\_

4. Street Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

5. Home Telephone Number ( ) \_\_\_\_\_ Alternate Telephone/Pager No. \_\_\_\_\_  
 May we contact you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please provide your work telephone number. \_\_\_\_\_  
 When is the best time to contact you at work? \_\_\_\_\_ At home? \_\_\_\_\_

**RECORD OF EDUCATION**

6.

School	Name and Address of School	Course of Study	No. of Years Completed	Did You Graduate?	Type of Degree or Diploma/ GED
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training/ Education/Certifications:					

**BACKGROUND DATA**

7. Have you ever been convicted of a crime? \_\_\_\_\_ Yes\* \_\_\_\_\_ No. If yes, please state the circumstances with regard to each on page 8.

8. Have you ever been discharged from any employment or asked to resign? \_\_\_\_\_ Yes\* \_\_\_\_\_ No. If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\* **NOTE:** Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the position for which you are applying.

**EMPLOYMENT HISTORY**

9. Please list, beginning with your most recent employment (starting with your current employer), any and all prior work experience which you had during the past 10 years. **Be sure to account for any periods of unemployment.** (Attach additional pages if necessary.)

<b>Dates (Mo. and Yr.)/ Salary</b>	<b>Name, Address, and Telephone No. of Employer</b>	<b>Reason for Leaving</b> (If you quit, state why. If terminated, state reasons you were given.)
From: To: Starting Salary: Last Salary:		
<b>Position Held</b>	<b>Describe Your Work</b>	<b>Supervisor's Name</b>

<b>Dates (Mo. and Yr.)/ Salary</b>	<b>Name, Address, and Telephone No. of Employer</b>	<b>Reason for Leaving</b> (If you quit, state why. If terminated, state reasons you were given.)
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From: To: Starting Salary: Last Salary:		
<b>Position Held</b>	<b>Describe Your Work</b>	<b>Supervisor's Name</b>

**EMPLOYMENT HISTORY (CONTINUED)**

<b>Dates (Mo. and Yr.)/ Salary</b>	<b>Name, Address, and Telephone No. of Employer</b>	<b>Reason for Leaving</b> <small>(If you quit, state why. If terminated, state reasons you were given.)</small>
From: To: Starting Salary: Last Salary:		
<b>Position Held</b>	<b>Describe Your Work</b>	<b>Supervisor's Name</b>

<b>Dates (Mo. and Yr.)/ Salary</b>	<b>Name, Address, and Telephone No. of Employer</b>	<b>Reason for Leaving</b> <small>(If you quit, state why. If terminated, state reasons you were given.)</small>
From: To: Starting Salary: Last Salary:		
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<b>Dates (Mo. and Yr.)/ Salary</b>	<b>Name, Address, and Telephone No. of Employer</b>	<b>Reason for Leaving</b> <small>(If you quit, state why. If terminated, state reasons you were given.)</small>
From: To: Starting Salary: Last Salary:		
<b>Position Held</b>	<b>Describe Your Work</b>	<b>Supervisor's Name</b>

**OTHER QUALIFICATIONS, SKILLS, AND ABILITIES**

10. Have you ever been employed by HHA? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, please set forth all positions held, dates of employment, and reason(s) for leaving.

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11. Have you filled out an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If Yes, give date(s) \_\_\_\_\_

12. Names of relatives employed by HHA \_\_\_\_\_

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13. U.S. Military Service – List branch, rank attained, dates, and nature of discharge<sup>1</sup> \_\_\_\_\_

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14. If employed by HHA, will you continue to receive other compensation of any kind from any other employer or entity for services to be concurrently performed on behalf of that employer or entity?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

15. Please describe any other experience, abilities, skills, or credentials which you feel add to your qualifications for the position sought with us.

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16. Please explain, in your own words, why you want to work at HHA, in what position(s), and any other information you feel should be considered in connection with your employment application. (Attach additional pages if necessary.)

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<sup>1</sup> Dishonorable discharge from the Armed Forces will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense, and time and rehabilitation will be taken into account in determining the effects on suitability for employment.

I UNDERSTAND that this application will only be considered "active" for 60 days from the closing date of the position for which I applied. If I have not obtained employment with HHA within 60 days, but remain interested in obtaining employment with HHA, I understand that I must complete a new application. \_\_\_\_\_ (Initial)

I ALSO UNDERSTAND that all statements made by me in connection with my application for employment may be checked by HHA. I authorize HHA to contact my prior employers, including each of those employers listed in paragraph no. 9, and other sources of information, regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify HHA, each of my prior employers and each of the other sources of information contacted, and agree to hold them harmless from any claims arising from this authorization and direction. \_\_\_\_\_ (Initial)

HHA'S BACKGROUND INVESTIGATION of each applicant may result in the preparation of an investigative consumer report which would include information as to the applicant's character, general reputation, personal characteristics, and mode of living. Applicants may submit a written request to HHA for a complete and accurate disclosure of the nature and scope of the requested investigation. I hereby release HHA and any person, company, or institution that provides HHA information from any and all liability for any damage that may result from the investigation, use, or disclosure of such information. \_\_\_\_\_ (Initial)

THIS APPLICATION is not an employment agreement. If I accept an offer of employment, I agree to conform to the rules and regulations of HHA. I understand that as a condition of my employment and continued employment, I may be required to submit to, and do voluntarily agree to submit to any testing for the presence of drugs or alcohol, and to submit to any procedure to assess my qualifications for employment. I ALSO AGREE that, just as I have, if hired, the right to terminate my employment at any time, with or without cause, and with or without notice, **HHA may terminate my employment at any time with or without cause or notice, unless required by law.** I understand that **no manager or representative of HHA, other than the Executive Director/CEO of HHA or his designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past, or in the future.** I further understand that even such an agreement **must be in writing and signed by the Executive Director/CEO for it to be binding on either myself or HHA.** I further understand that this **supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.** \_\_\_\_\_ (Initial)

I ACKNOWLEDGE and AGREE that if at any time I am subjected to any type of discrimination or harassment, I will contact HHA's Director of Human Resources immediately to obtain assistance in the resolution of such matters. \_\_\_\_\_ (Initial)

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**AUTHORIZATION FOR RELEASE OF INFORMATION PERTAINING TO DRIVING RECORDS**

I, \_\_\_\_\_, do hereby acknowledge that my possible future employment with Huntsville Housing Authority depends at least partially upon my driving records, both current and past, and my insurability with their insurance companies. I, therefore, authorize any agencies, including, but not limited to, the State Highway Department, County Sheriff's Department, local law enforcement agencies, and insurance companies, where applicable, to release any information or materials deemed necessary to establish my driving experience and/or record and to complete my application for employment. This authorization shall continue from the date of signature and until such time the Housing Authority is notified in writing that the authorization is canceled.

List all traffic violations in the past three years which resulted in a conviction or a guilty plea.

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List all at-fault traffic accidents in the past three years.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

**CRIMINAL RECORD FORM**

If you have been convicted of a crime, HHA will not automatically deny you employment because of this record. Factors such as age at the time of the conduct or offense, type of conduct or offense, remoteness of the conduct or offense in time, and rehabilitation will be taken into account in determining suitability for employment. Please answer fully and completely all the following questions. Please be sure to give separate answers for each conviction.

1. Please list all crimes for which you have been convicted.

Date	Offense Charged
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- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

2. For each conviction, please state nature of penalty, fine, or imprisonment:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

## RELEASE AUTHORIZING BACKGROUND CHECK

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In consideration of Huntsville Housing Authority's (HHA's) evaluation of my suitability for employment, I hereby authorize HHA to perform all checks of my credentials as allowed by law, including, but not limited to, discussions with: supervisors, coworkers, friends, business associates, or other individuals that HHA, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize HHA to perform the following checks of my credentials: schools, licenses, and other such checks as HHA deems appropriate. This includes a criminal background check and a check on my driving record.

I agree not to assert any claims or causes of action of any kind against HHA, its agents, its employees, or any individual contacted by HHA, arising out of HHA's investigation. I further release and forever discharge HHA, its agents, its employees, and the individuals and companies contacted by HHA as part of its investigation, from any and all claims, demands or liabilities, damages, actions, causes of action, or suits of any kind whatsoever arising from HHA's investigation of my credentials. I acknowledge that HHA has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

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Applicant's Signature

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Social Security Number

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Date