

HOUSING AUTHORITY OF THE CITY OF JEFFERSON

Application for Employment

An Equal Opportunity Employer

1040 Myrtle Avenue P.O. Box 1029
Jefferson City, Missouri 65102

573-635-6163
www.jchamo.org

GENERAL	Name: Last First Middle				Date of Application
	Street Address				Home Telephone Number () -
	City, State and Zip Code				Work Telephone Number () -
	Have you ever been employed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name(s).				Social Security Number
	Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list date of conviction and offense.				Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Citizenship or Immigration Status will be required upon employment.
	List people related to you in any way who are employed by the City of Jefferson or the Housing Authority and give relationship.				E-mail Address
	Type of work preferred or position applied for:				Are you at least age 16? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Available For Work	Salary Requirement	Do you restrict your availability to specific hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you restrict your availability to specific days of the week? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify hours and days:		
	List any and all skills or qualifications which you feel would qualify you for the position(s) applied for:				
	Drivers License No.	State	Class	Endorsement	License Expiration Date
	Have you ever been employed by the City of Jefferson or the Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list position and dates:				
	If your primary residence is outside a 25 mile radius of the city limits, are you willing to relocate within six months of hire? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION	Type of School	Name of School	Major Subject	Circle Highest Year Completed				Degree	Number of Years Attended
	Elementary School			5	6	7	8		
	High School			9	10	11	12		
	College			1	2	3	4		
	College			1	2	3	4		
	Post Graduate Education			1	2	3	4		
	Business or Technical School			1	2	3	4		
	Correspondence or Night School			1	2	3	4		
	If no degree, list total credit hours recognized by the college(s) you attended:								

MILITARY	Did you serve with the Armed Forces of the United States? _____ If Yes, what branch _____	
	Date of Enlistment _____	Date of Discharge _____
	Rank Attained _____	Type of Discharge _____
	Current Reserve Obligation _____	
	Did you receive any special training while in the Armed Forces? _____	
	If Yes, describe _____	

REFERENCES	List names of three persons (not relatives or former employers) who have known you for the past five years					
	Name	Address	State	Zip	Phone #	Occupation
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	Name	Address	State	Zip	Phone #	Occupation

EMPLOYMENT HISTORY

PRESENT OR LAST	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					

PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					

Use this space for comments or information not covered elsewhere

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from Authority employment.

I authorize the persons, employers, and agents of employers listed on this application and all attachments to give you any and all information concerning any previous employment and any pertinent information they have, personal or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you.

I authorize investigation of all statements contained in this application and authorize the investigation of all matters contained in this application and hereby give the Housing Authority of the City of Jefferson permission to contact any party that may have information about my work record, educational history, military record, financial record, criminal record, general reputation, and past or present medical record and condition.

In consideration of my employment, I agree to conform to the personnel policies and rules and regulations of the Housing Authority of the City of Jefferson, and my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either the Authority or myself. I understand that no Authority employee has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that pre-employment drug testing as well as drug testing and physical examinations after employment may be required as a condition of employment depending on the nature of the job for which I submitted this application.

I understand this application may be used to apply for any job with the Housing Authority of the City of Jefferson. To be considered for another position at a later date, I understand I must notify Human Resources in writing stating my name, when I submitted this application, a telephone number where I can be reached during the day, and the position in which I am interested.

I hereby waive all rights or access or review of any information granted to me by the Privacy if Information Act. This waiver of access includes all information the Authority obtains through out the application and selection process.

Date

Signature of Applicant

RELEASE

The undersigned hereby acknowledges that he or she has made an application for employment with the Housing Authority of the City of Jefferson. In that regard the undersigned hereby authorizes the said Housing Authority of the City of Jefferson to apply for and receive any information including but not limited to my driving records and criminal records as often as deemed necessary by the Authority, which may be available relative to any prior employment or past military service and any information in the possession of any law enforcement agency; and the undersigned hereby authorizes any such prior employer, branch of military service or law enforcement agency to supply to the said Housing Authority of the City of Jefferson any information that would be in any fashion, directly or indirectly, applicable to the undersigned's application for employment. I further release the Authority, its agents and all providers of information from any liability as a result of furnishing, requesting and receiving this information.

Date: _____

Date of Birth: _____

Social Security Number: _____

Applicant's Full Name: _____
Print or type

Signature

Housing Authority of the City of Jefferson

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

The Housing Authority of the City of Jefferson considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Applicant Name _____ Telephone _____
Last First Middle Area Code Number

Address _____
Street City State Zip Code

Date _____

Name of Source (if applicable) _____

Referral Source:

Advertisement Employee Relative

Walk-in School Missouri Job Service

Website/Internet Ad

Employment Agency Other _____

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

Black Hispanic White Asian/Pacific Islander American Indian/Alaskan Native

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

To be completed by applicant – Not for interview purposes – Will be filed separately from application.

This information is used for Affirmative Action purposes
as well as complying with State and Federal laws and regulations.