**APPLICATION FOR EMPLOYMENT**

**HOUSING AUTHORITY OF COVINGTON**

**2300 MADISON AVENUE**

**COVINGTON, KY 41014-1237**

**An Equal Opportunity Employer. All employment policies of the Company are administered without regard to race, religion, ancestry, sex, color, national origin or disability.**

Print

Name:

 Last First Middle

Phone Number: Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Number

Address: of Years:

 Street & Number City/State Zip Code

 Number

Previous Address (if less than 5 years at present): of years:

**ARE YOU A U.S. CITIZEN?** Yes [ ] No [ ] If not, do you have a Visa, Alien ID or other documentation permitting you to work in the U.S.? Yes[ ] No [ ]

**HOW WERE YOU REFERRED TO HAC?**  [ ] Relative [ ] Friend [ ] Newspaper [ ] State Job Service

[ ] HAC Employee – Their Name: [ ] Other:

**ARE YOU RELATED TO AN EMPOLYEE OF THE HOUSING AUTHORITY?** Yes [ ] No [ ] If so, give name

and relationship

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS?**

Yes [ ] No [ ] If yes, give complete information concerning the disposition of the offense. (Existence of a criminal record does not constitute an automatic bar to employment.)

**DO YOU HAVE A VALID DRIVERS LICENSE?** Yes [ ] No [ ] State:

Expiration Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Drivers License Number:

Have you ever been convicted of driving under the influence (DUI)? Yes [ ] No [ ] If yes, please explain

**TYPE OF WORK APPLYING FOR:** Hourly Rate Expected:

**CHECK ALL ACCEPTABLE EMPLOYMENT:** Part-Time [ ] Full-Time [ ]

Have you previously worked for The Housing Authority of Covington? Yes [ ] No [ ] If yes, state dates of employment

From To Position Department

Supervisor

Have you previously applied to HAC? Yes [ ] No [ ] Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Have you previously interviewed at HAC? Yes [ ] No [ ] Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**HAVE YOU SERVED IN THE ARMED FORCES OF U.S.?** Yes [ ] No [ ]

Dates of Service: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:

Service: Type of Discharge:

**MECHANICAL SKILLS:** [ ]Electrical [ ]Drywall [ ]Painting [ ]Carpentry [ ]Concrete [ ]HVAC [ ]Utilities, Gas [ ]Water [ ]Sewer [ ]Heat Lines [ ]Boilers & Controls [ ]Cathodic Protection [ ]Landscaping [ ]Ceramic Tile [ ]Welding

**EQUIPMENT OPERATION:**

**MAINTENANCE CERTIFICATION:** Yes [ ] No [ ]

**OFFICE SKILLS:** [ ]Shorthand WPM\_\_\_\_ [ ]Typing WPM\_\_\_\_ [ ]Calculator [ ]Speedwriting WPM\_\_\_\_ [ ]Computer [ ]Data Entry [ ]Dictaphone [ ]Word Processing

**OTHER OFFICE SKILLS, CERTIFICATIONS, ABILITIES, EQUIPMENT, OR SOFTWARE OPERATED:**

**EDUCATION**

**CIRCLE HIGHEST GRADE COMPLETED:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

GED [ ] DIPLOMA [ ]

Name & Location of High School:

Dates Attended: From: To:

Name of College/Trade School Attended:

Dates Attended College/Trae School: From: To:

GPA: Degree & Major: Diploma/License:

Courses taken, subjects, studies, honors, activities:

Are you attending school now? Yes [ ] No [ ] Days [ ] Evenings [ ]

Where? Subjects:

Anticipated Graduation:

**SPECIAL INTERESTS/HOBBIES:**

**EMPLOYMENT HISTORY**

Starting with your **present or most recent employer**, list in consecutive order **all employment and periods of unemployment** for at least the last five (5) years. If the company is no longer in operation, state the last known address and/or current phone number of the past supervisor, if known. If you have less than five (5) years working experience, you must account for a minimum of five (5) years background history (work, education, unemployment, etc.) including part-time and temporary employment. If you were ever employed in any position under a different name, give in each position the name used. Give complete and accurate information (use a supplemental sheet if needed.)

PRESENT EMPLOYER – NAME OF ORGANIZATION

Street Address: City, State & Zip Code:

Phone: Start Date: To Part-Time [ ] Full-Time [ ]

Starting Rate of Pay $ per Final Rate of Pay $ per

Your Title: Duties:

Reason for Leaving:

Name & Title of Immediate Supervisor:

May we contact? Yes [ ] No [ ]

PREVIOUS EMPLOYER – NAME OF ORGANIZATION

Street Address: City, State & Zip Code:

Phone: Start Date: To Part-Time [ ] Full-Time [ ]

Starting Rate of Pay $ per Final Rate of Pay $ per

Your Title: Duties:

Reason for Leaving:

Name & Title of Immediate Supervisor:

May we contact? Yes [ ] No [ ]

PREVIOUS EMPLOYER – NAME OF ORGANIZATION

Street Address: City, State & Zip Code:

Phone: Start Date: To Part-Time [ ] Full-Time [ ]

Starting Rate of Pay $ per Final Rate of Pay $ per

Your Title: Duties:

Reason for Leaving:

Name & Title of Immediate Supervisor:

May we contact? Yes [ ] No [ ]

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the information given by me in the application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Housing Authority of Covington. I understand that information furnished in this application may be verified by the Housing Authority. I understand and agree that at any time in the future, whether during or after termination of my employment upon request of any party or any surety the Housing Authority of Covington may furnish reports and information relative to my record and service with the Authority. I understand that the Housing Authority of Covington is subject to and is operating under compensation law, and that in case of injury; I will accept compensation as provided by said law, where applicable. I understand that if I am employed, the Authority can change wages, benefits, policies and other employment conditions at any time. I further understand that this is an application for employment at will, and that no employment contract is being offered. I have read and understand the above.

SIGNATURE: DATE:

Your application will be kept on file for six months.

**FOR OFFICE USE ONLY**

JOB TITLE:

STARTING DATE:

RATE:$ PER

PART TIME [ ] FULL TIME [ ] TEMPORARY [ ]

FIVE YEAR EMPLOYMENT VERIFICATION COMPLETED: YES [ ] NO [ ]

VERIFIED BY: DATE:

EDUCATION LEVEL: VERIFIED BY:

DATE:

POSITION ADDITION [ ] POSITION REPLACEMENT [ ]

REMARKS:

Interviewed by: Employment Approved by: