

**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 Address: _____ Number of Years: _____
Street & Number City/State Zip Code

Previous Address (if less than 5 years at present): _____ Number 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 EMPLOYEE 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/Trade 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: _____