



HOUSING AUTHORITY OF THE CITY OF SYLVESTER



411 N. Jefferson Street - P.O. Box 386 ~ Sylvester, GA 31791 - (229)776-7621 ~ Fax (229) 776-9674 ~ TDD (229) 776-0285

Application for Employment

Position applied for:	Date of application _____ Time of application _____ (completed by SHA Staff)
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Referral Source

Newspaper	Television Ad	Dept. of Labor	Employee	Other
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Name _____

Social Security Number _____

Address _____

Telephone: Home () _____ Mobile () _____

Work () _____

May we contact you at work? _____

Are you at least 18 years of age? _____

Educational Background

	Name and Location	# of years Completed	Degree or Diploma	Year Received	Major or Minor
High School					
College or University					
Graduate or Professional					
Vocational					
Other					

Skills and Qualifications- Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform this job. For example, if you are applying for a clerical position, indicate your typing speed. Provide dates and sources of issuance for certifications and licenses.

General Information

1. Are you a U.S. citizen or legally eligible for employment in this country? _____

If not a U.S. citizen, can you provide documentation verifying your legal right to work in this country? _____

2. Are you a veteran? _____ If yes, please provide your dates of military service.

From _____ / _____ to _____ / _____
 Month Year Month Year

Type of Discharge _____

3. Have you ever been previously employed with the Sylvester Housing Authority? _____ if yes, please provide the dates of employment.

From _____ / _____ to _____ / _____
 Month Year Month Year

4. Are you related by blood or marriage to any person now employed by the Sylvester Housing Authority? _____

If yes, provide the name and relationship.

5. Do you have a valid Class C Georgia driver's license? _____ DL Number _____

6. Do you have transportation to work? _____

7. Will you work overtime if required? _____

References- List name and telephone number of three business/work references that are not related to you and are not previous supervisors.

Name	Telephone	Years Known
	()	
	()	
	()	

Employment History

Provide the following information for the last 10 years, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comment section below. **Please complete each blank.**

1. Employer	Dates Employed		Summarize the type of work performed below.
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for leaving	Hourly Rate Salary		
	Final		
May we contact for references?	\$	Per	
2. Employer	Dates Employed		Summarize the type of work performed below.
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for leaving	Hourly Rate/Salary		
	Final		
May we contact for references?	\$	Per	
3. Employer	Dates Employed		Summarize the type of work performed below.
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for leaving	Hourly Rate/Salary		
	Final		
May we contact for references?	\$	Per	

Comments including explanation of any gaps in employment:

Equal Opportunity Pledge

The Sylvester Housing Authority is an Equal Opportunity Employer. The Sylvester Housing Authority will not practice or permit discrimination in employment on the basis of race, color, religion, sex, national origin, or disability. The Sylvester Housing Authority complies with all applicable legislation prohibiting age discrimination in employment.

The Sylvester Housing Authority complies with the Americans with Disabilities Act. It is the SHA's policy not to refuse to hire a qualified individual with a disability because of the person's need for reasonable accommodations.

Controlled Substance Testing

As a condition of employment by the Sylvester Housing Authority, you must submit to a controlled substance screening test. In order to be employed by the Sylvester Housing Authority, you must successfully pass this screening test.

Applicant Guidelines

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that a separate application must be submitted for each vacant position applied for at the Sylvester Housing Authority.

Certification and Authorization to Release Information

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this application may be grounds for dismissal. I authorize persons, schools, previous employers, and current employers (if approved above) to provide the Sylvester Housing Authority with any relevant information needed to consider my candidacy.

I certify that I have read and fully understand the conditions and seek employment under these conditions.

Signature of Applicant _____

Date _____