

APPLICATION FOR EMPLOYMENT

RETURN TO: Greater Gadsden Housing Authority (GGHA)
 422 Chestnut Street
 P O BOX 1219
 Gadsden, AL 35902-1219

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

POSITION TITLE		
Title of Position Applied For:	Date Available to Begin:	
NAME AND ADDRESS		
Name (First, MI, Last)	Social Security Number	
Mailing Address		
City, State, and Zip Code		
Home Phone	Cell Phone	
Email		
ADDITIONAL INFORMATION		
Should you need accommodations due to a health problem or disability during the application process, you must contact the Executive Director at (256) 547-2501.		
Have you been employed by this organization in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please attach explanation:		
I certify that I am a U.S. citizen, or a foreign national with authorization to work in the United States.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a misdemeanor or felony, other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain (attach additional page if necessary):		
<p>NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION PRIOR TO EMPLOYMENT. FAILURE TO DISCLOSE A CONVICTION WILL BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE <u>ALL</u> CRIMINAL CONVICTIONS.</p>		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number	Issued in what State?
Have you had any accidents in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?
Have you had any moving violations in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?
Do you have any relatives working for GGHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and relationship below:	
Do you do business with the GGHA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below::		

EDUCATION

See Resume () Check here if resume is attached with below information

School	Location (mailing Address)	Years Completed	Major/ Subject of Study	Degree or Diploma
High School				
College/University				
Specialized Training, Trade School, Military, etc.				

Professional License and/or Certifications (List below)

WORK EXPERIENCE

See Resume () Check here if resume is attached with below information

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last Supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for Leaving (be Specific)		

List the Jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked at this company.

May we contact this employer? () Yes () No

WORK EXPERIENCE (continued)

Company	Name of last Supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for Leaving (be Specific)

List the Jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked at this company.

May we contact this employer? Yes No**WORK EXPERIENCE (continued)**

Company	Name of last Supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for Leaving (be Specific)

List the Jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked at this company.

May we contact this employer? Yes No**REFERENCES**

List three reliable acquaintances, not relatives or present employer, who can provide personal reference.

Name	Address and Phone Number	Circumstances of acquaintance

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT:

The Greater Gadsden Housing Authority provides equal employment opportunities to all qualified persons without regard to race, color, national origin, age, sex, perceived sexual orientation, gender identity, marital status, religion, familial status, or disability.

EXAMINATIONS

Examinations may consist of an evaluation of training and experience as reported on the application, a written test, a performance test, an oral interview or a combination of these. Note: Job posting will specify if any written test or performance test is required for a particular position.

Disclosure

GGHA is a drug free workplace and all prospective employees are subject to drug testing prior to offer of employment and once employed, subject to random drug testing in accordance with the GGHA's Employee Handbook.

CERTIFICATION

I certify that all answers and statements on **or** attached to this application are true and correct to the best of my knowledge. I understand that if employed, false or misleading information on this application shall be grounds for dismissal. I further authorize the release of all relevant prior employment, military service, academic/school and criminal records. I authorize the investigation of all statements made and references listed by me herein, to give the GGHA staff, information for the purpose of consideration of my employment. I hereby release the GGHA staff, and all parties contracted, for the purpose above stated, from any liability in connection with the investigation. If employed I understand and agree that my employment is AT-Will and that my employment may be terminated by either myself or the GGHA at any time with or without cause.

Applicant's Signature

Date