



Housing Authority of the City of Columbia, Missouri
201 Switzler Street, Columbia, Missouri 65203
573.443.2556 / TTY: 573.875.5161 / FAX: 573.443.0051

APPLICATION FOR EMPLOYMENT

Columbia Housing Authority is an Equal Opportunity Employer. Applicants requiring reasonable accommodation for the application and/or interview process should notify the Agency's personnel representative.

Position(s) applied for Date of application

Name Last First Middle Social Security #

Address Street City State ZIP

Telephone # Mobile/Pager/Other Email

Referral Source (Please check the appropriate category and state the source.)

- Walk-in, Employee, Advertisement, Agency's Website, Other Internet, School, Job Fair, Staffing Agency, Government Employment Agency, Other

Best time to call you at home is AM/PM

May we contact you at work? Yes No

If Yes, work number and best time to call: AM/PM

Have you submitted an application here before?

Yes No If Yes, give date(s) and position(s)

Have you ever been employed here before? Yes No

If Yes, give dates From To

Type of employment desired:

- Full-Time, Part-Time, Regular, Seasonal, Temporary

What is your desired salary range or hourly rate of pay?

\$ Per

Will you work overtime if required? Yes No

If No, please explain

Are you legally eligible for employment in this country?

- Yes No

Have you ever been bonded? Yes No

Will you travel if job requires it? Yes No

Driver's license number required if driving may be required in the job for which you are applying:

State

If you are under 18 and it is required, can you furnish a work permit? Yes No

If No, please explain

Answering Yes to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If Yes, please provide date(s) and details

Date available for work

EMPLOYMENT HISTORY - Starting with your most recent or current employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year	Month / Year
Street Address		City	State
Starting job title/final job title		From	to
Immediate supervisor and title		Compensation (Starting)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Why did you leave?		Commission/Bonus/Other Compensation \$	
Type of work performed / responsibilities.		Compensation (Final)	
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
What were the things you liked least about the position?		Commission/Bonus/Other Compensation \$	

Employer	Telephone # ()	Dates employed: Month / Year	Month / Year
Street Address		City	State
Starting job title/final job title		From	to
Immediate supervisor and title		Compensation (Starting)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Why did you leave?		Commission/Bonus/Other Compensation \$	
Type of work performed / responsibilities.		Compensation (Final)	
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
What were the things you liked least about the position?		Commission/Bonus/Other Compensation \$	

Employer	Telephone # ()	Dates employed: Month / Year	Month / Year
Street Address		City	State
Starting job title/final job title		From	to
Immediate supervisor and title		Compensation (Starting)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Why did you leave?		Commission/Bonus/Other Compensation \$	
Type of work performed / responsibilities.		Compensation (Final)	
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
What were the things you liked least about the position?		Commission/Bonus/Other Compensation \$	

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?
 Yes No Not Applicable

If Yes, please explain

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **Yes**, please explain

RELATED INFORMATION To what job-related organization(s) (professional, trade, etc.) do you belong? *Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran /reserve / national guard or any other similarly protected status.*

Organization	Offices Held

List special accomplishments, publications, awards, etc. *Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.*

EDUCATIONAL BACKGROUND Starting with the most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor (Emphasis)
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
		<input type="checkbox"/> Degree:		
		<input type="checkbox"/> Certification:		
		<input type="checkbox"/> Other:		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
		<input type="checkbox"/> Degree:		
		<input type="checkbox"/> Certification:		
		<input type="checkbox"/> Other:		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
		<input type="checkbox"/> Degree:		
		<input type="checkbox"/> Certification:		
		<input type="checkbox"/> Other:		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
		<input type="checkbox"/> Degree:		
		<input type="checkbox"/> Certification:		
		<input type="checkbox"/> Other:		

REFERENCES List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the duties of the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software/program titles and number of years of experience.)

<input type="checkbox"/> Word Processing _____	Years: _____
<input type="checkbox"/> Spreadsheet _____	Years: _____
<input type="checkbox"/> Presentation _____	Years: _____
<input type="checkbox"/> Email _____	Years: _____
<input type="checkbox"/> Internet _____	Years: _____
<input type="checkbox"/> Other _____	Years: _____

Is there any other job-related information you want us to know about you?

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume/ or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that the employer will consider this application to be current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's executive officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, (i) will be considered sufficient evidence to eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date ____ / ____ / ____



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203
Office: (573) 443-2556 ♦ TTY: (573) 875-5161 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

To: _____
(For CHA Office Use Only)

As an applicant for a position with the Housing Authority of the City of Columbia, Missouri, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the Housing Authority of the City of Columbia, Missouri, to investigate my past and present work, character, education, military, and police records to ascertain any and all information that may be pertinent to my employment qualifications. I agree to cooperate in such an investigation, and release from all liability or responsibility, all persons or corporations requesting or supplying this information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Signature: _____

Date: _____

Witness: _____

Date: _____