



Columbia Housing
Authority

Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203

Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051 ♦ www.ColumbiaHA.com

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)				Date	/	/	
Name				Social Security #	-	-	
	Last	First	Middle				
Address							
	Street			City	State	ZIP	
Phone #			Cell/Other			Email	
Referral Source (Please check the appropriate category and state the source.)							
<input type="checkbox"/> Walk-in				<input type="checkbox"/> School			
<input type="checkbox"/> Employee				<input type="checkbox"/> Job Fair			
<input type="checkbox"/> Advertisement				<input type="checkbox"/> Staffing Agency			
<input type="checkbox"/> Agency's Website				<input type="checkbox"/> Government Employment Agency			
<input type="checkbox"/> Other Internet				<input type="checkbox"/> 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

Regular

Part-Time

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: _____

Date available for work ____/____/____



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

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



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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.*



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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?

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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 ____ / ____ / ____



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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.

Print Name: _____

Signature: _____

Date: _____