

# Lubbock Housing Authority



## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or a non-job related medical or physical condition.

LUBBOCK HOUSING AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position(s) Applied For:					Date of Application:					
Last Name:			First Name:			Middle Name:				
Address:	Number		Street		City		State		Zip Code	
Home Telephone					Day Telephone					

Email address \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Check all types of work you will accept: Full Time \_\_\_\_\_ Day Time \_\_\_\_\_ Shift work \_\_\_\_\_  
Temporary \_\_\_\_\_ Part-time \_\_\_\_\_

When will you be available to report to work? \_\_\_\_\_ Minimum Salary you will accept \_\_\_\_\_

### PERSONAL HISTORY

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Do you have a Commercial Drivers License? YES \_\_\_ A \_\_\_ B \_\_\_ C \_\_\_\_\_ NO

Please check all applicable endorsements: Trailer \_\_\_\_\_ Tank \_\_\_\_\_ Haz Mat \_\_\_\_\_ Combination \_\_\_\_\_

Are you a U. S. Citizen: Yes No (If no, Give your Alien Registration Number \_\_\_\_\_)

Have you ever been convicted of, plead guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors and felonies within the last (7) years? Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

(NOTE: Prior to employment, applicant will be investigated as to convictions for prior criminal offenses. A prior conviction will not automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for.)

Do you have relatives employed by the Lubbock Housing Authority? YES \_\_\_ NO \_\_\_ Department \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# MILITARY SERVICE

Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

List the Dates (Month, Day, Year, and Branch for all Active Duty military service

# EDUCATION HISTORY

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma Received from: \_\_\_\_\_ City, State \_\_\_\_\_

GED Certificate Received From: \_\_\_\_\_ City, State \_\_\_\_\_

College, University, or Technical Schools Attended:

Name	From	To	Major	# of Hours	Type of Degree	Date Received

# SPECIAL SKILLS, ACCOMPLISHMENTS, AND AWARDS

Summarize special skills and qualifications acquired from employment or other experience.

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List Job-Related license or certificates that you have, such as: registered nurse, lawyer, water, sanitarian, etc.

License or Certificate	Date of License/Certificate	Issuing State

## **REFERENCES (Do Not Include Relatives)**

Name:	Occupation	Address	Phone Number
1.			
2.			
3.			

# EMPLOYMENT EXPERIENCE

Beginning with the most recent, list all employment for the past ten years. Report all activities for the last ten years, Account for periods of unemployment, Military Service, Schools. Etc. To be considered for employment, all applicable blanks must be completed.

Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application

<b>1.</b> Employer		Dates Employed		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>2.</b> Employer		Dates Employed		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>3.</b> Employer		Dates Employed		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>4.</b> Employer		Dates Employed		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Explain each Gap of Employment greater than one month for the past ten years


# APPLICANT'S STATEMENT

I hereby certify that the statements made and answers given by me to the foregoing and following questions are true and correct and that there are no omissions of any kind whatsoever. I agree that any evasion, untruthful statement, answer, or omission shall be sufficient cause for discharge at any time. I agree to submit to physical examination including drug screen, whenever requested by the Lubbock Housing Authority, by doctor, or by doctors designated by the LHA either prior to or during the course of employment, subject to the requirements of ADA. I hereby release all doctors, medical personnel, and elected officials from all liability claims and damages in connection to furnishing any information to the LHA. I hereby request and authorize the companies or persons shown under "Employment History" or other interested parties not necessarily named in the foregoing application to furnish the LHA any information regarding my employment by them together with any information they may have regarding me including motor vehicle records, military records, financial status, criminal record, and general reputation, and I hereby release such companies or person, the LHA, its management and elected officials from all liability, claims and damages in connection with the furnishing of such information. I further acknowledge that my employment may be terminated, and any offer of employment if such made, may be withdrawn with or without cause, at the option of the City or myself. I further acknowledge that the foregoing completed application form does not in any way constitute a contract of employment.

I hereby request and authorize all persons, schools, companies, credit bureaus, corporations, law enforcement agencies, and education institutions to furnish the LHA with any information regarding my employment together with any information they may have regarding me including motor vehicle records, military records, criminal records, and general reputation. This authorization releases said organizations (s) individual(s) from all liability, claims, and damages in connection with the furnishing of such information

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR HUMAN RESOURCES DEPARTMENT ONLY

Arrange Interview?  Yes  No

Remarks: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed?  Yes  No Date Hired: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_ Salary: \_\_\_\_\_

NOTES: \_\_\_\_\_

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