

**ASHEBORO HOUSING AUTHORITY**

**338 W. Wainman Ave. \* P. O. Box 609**

**Asheboro, NC 27204-0609**

**336-629-4146**

**APPLICATION FOR EMPLOYMENT**

The following information is requested in order to help us make the best possible placement within the Authority. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. The Authority, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin or disability.

**PLEASE PRINT**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you legally entitled to work in the United States? \_\_\_\_\_

How were you referred to the Authority? \_\_\_\_\_

Have you ever applied for a job with the Authority? \_\_\_\_\_ If yes, When? \_\_\_\_\_

Have you ever worked for the Authority before? \_\_\_\_\_ If yes, from when to when? \_\_\_\_\_

Position for which you are applying? \_\_\_\_\_

Other positions for which you would like to be considered. \_\_\_\_\_

Can you work overtime? \_\_\_\_\_

If your application is considered favorably, on what date can you start work? \_\_\_\_\_



**EMPLOYMENT RECORD (continued)**

2. Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Beginning and ending dates of employment: \_\_\_\_\_

Salary: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number of Employer: \_\_\_\_\_

May we contact them? \_\_\_\_\_

3. Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Beginning and ending dates of employment: \_\_\_\_\_

Salary: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number of Employer: \_\_\_\_\_

May we contact them? \_\_\_\_\_

4. Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Beginning and ending dates of employment: \_\_\_\_\_

Salary: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number of Employer: \_\_\_\_\_

May we contact them? \_\_\_\_\_

**PROFESSIONAL AND MANAGERIAL APPLICANTS:**

List special training and noteworthy achievements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Authority policy. I agree to abide by the rules and regulations of the Authority, and I understand that no recruiter or interviewer or other representative of the Authority, other than the Executive Director, has any authority to enter into any agreement for employment with me on behalf of the Authority.

\_\_\_\_\_  
Signature of Applicant

Date

**RELEASE FOR VERIFICATION OF EMPLOYMENT APPLICATION**

I understand that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the Authority to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of the Authority involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release all such persons from liability for providing information to the Authority.

\_\_\_\_\_  
Signature of Applicant

Date