



Have you ever plead guilty or "no contest" to a crime or have you ever been convicted of a crime other than minor traffic offenses?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If Yes give details of each incident below).

Date	Location	Offense	Disposition

(Answering "YES" to this question will not automatically prohibit you from employment. The nature of the offense, the elapsed time since the offense was committed, and the time served will all be considered in relation to the position for which you are applying).

Have you read the Job Description of the position for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you know of any reason why you would not be able to perform any of the functions of the job you are seeking? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If you answered Yes please describe those functions you are unable to perform).

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If you are unable to perform any functions of this position, then are you aware of any accommodation that would allow you to perform these functions?

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**In case of an accident or other emergency, who should we contact?**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_

Alternate Number: \_\_\_\_\_ - \_\_\_\_\_ What is this #: \_\_\_\_\_

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### Employment History

Please list the names of your current and previous employers **for the last ten years**, including summer and part-time jobs, in chronological order with your current or most recent job first. Account for all periods of time. Include military service and periods of unemployment. If self-employed list your firm's name and supply business references.

Present or Last Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_

Your Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employed From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

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

Previous Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_

Your Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employed From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

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

Previous Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_

Your Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employed From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

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

Previous Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_

Your Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employed From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

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

Previous Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_  
Your Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_  
Your Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_  
Your Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year  
Reason for Leaving: \_\_\_\_\_

*(Attach additional sheets if necessary)*

**Have you ever been terminated or asked to resign from any job?** \_\_\_\_\_ No \_\_\_\_\_ Yes  
*(If answering Yes then please explain).*

\_\_\_\_\_  
**Please explain any gaps in employment:** \_\_\_\_\_  
\_\_\_\_\_

**May we contact the employers listed?** \_\_\_\_\_ Yes \_\_\_\_\_ No *If answering No please list those employers you don't want us to contact.*

\_\_\_\_\_

Please describe any previous experience that you have in the position for which you are applying or any similar or related experience that might qualify you for this position. Please do not substitute a resume' as a replacement for the information requested below. Attach your resume' or any additional documentation you may have to the end of this application.

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### Education

Names and address of school, college, or institute.	Highest grade completed.	Course-work or major	Dates from / to.	Graduated Yes or No
Elementary: _____			From: _____	
_____			To: _____	
High School: _____			From: _____	
_____			To: _____	
College: _____			From: _____	
_____			To: _____	
Trade: _____			From: _____	
_____			To: _____	
Other: _____			From: _____	
_____			To: _____	

**Have you served in the Armed Forces?**    \_\_\_ Yes    \_\_\_ No    Years served: \_\_\_\_\_

**What branch?** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Rank at Discharge?** \_\_\_\_\_ **Type of Discharge?** \_\_\_\_\_

**Military Occupational Speciality, (M.O.S.)** \_\_\_\_\_

**Specialized Training:** \_\_\_\_\_



Declarations and Acknowledgements

Applicant's Statement

*I understand that if I am hired my employment will be for no definite period, regardless of the payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice and the Athens Housing Authority has the same right. No one other than the Executive Director of the Housing Authority has the authority to modify this relationship or make any agreement to the contrary. Any such modification must be in writing.*

*I understand that the Authority reserves the right to require me to submit to a drug test, an alcohol test, and a medical examination to the extent permitted by law. I further understand that the Authority may inspect all lockers and any bags, (including handbags, briefcases), or parcels brought onto or taken off Authority property, and that my refusal to submit to a urinalysis, blood test or other search, when requested to do so, may result in the termination of my employment.*

*I understand that the Authority may investigate my driving record, my criminal record, and my credit history. I further understand that if my record does not meet the Athens Housing Authority standards, I may not be eligible for employment with the Athens Housing Authority.*

*I further understand that the Authority may contact my previous employers and I authorize those employers to disclose to the Authority all records and any other information pertinent to my employment with them. I also authorize the Authority to provide truthful information concerning my employment with it to my future prospective employers and agree to hold it harmless for providing such information.*

*I have read and understand the Job Description of the position that I am applying for and further declare that I possess sufficient skills and abilities to meet or exceed the specific requirements for this position. I understand that the Authority reserves the right to decline consideration of employment for any applicant who has been found to have misrepresented or exaggerated their competency or skill level when applying for employment.*

*I certify that all of the information I have provided on this application and in any interview will be true and accurate. I further understand that if I am employed and any such information is found to be false or misleading in any respect, I may be terminated.*

**Do not sign this statement until you have read and understand the contents and your signature can be witnessed by a Housing Authority employee.**

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

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

AHA Witness: \_\_\_\_\_

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