

HOUSING AUTHORITY OF KANSAS CITY, MISSOURI

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

Position Applying For: _____

Referral Source: Newspaper ____ Friend ____ Relative ____ Other ____

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Telephone: () _____ Social Security Number ____/____/____

1. Are you eighteen years of age or older? ____ Yes ____ No
2. Are you a U.S. Citizen? ____ Yes ____ No If not, why?
 - a) If not, do you have the legal authorization to work in this country? _____
 - b) When was permission obtained? _____
 - c) What is the expiration date of such permission? _____
3. Have you ever been employed by the Housing Authority before? ____ Yes ____ No
4. Are you available for full-time work? ____ Yes ____ No If not, why?
5. Do you or an immediate family member currently, or have you ever owned property in the Section 8 Existing Rental Housing Assistance Program?
6. Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ____ Yes ____ No
If Yes, describe in full: _____

7. Do you possess a valid Driver's License? ____ Yes ____ No
(For applicants applying for positions that require use of company vehicles)
8. Will you work overtime, if required? ____ Yes ____ No When will you be available to begin work? _____
9. Are any relatives currently employed or under contract with the Housing Authority? ____ Yes ____ No

10. Can you perform the essential functions of the job with or without reasonable accommodation? ___ Yes
 ___ No

11. Record of Education

Name and Location of School	Course of Study	Degree or Diploma
College		
Business/Trade		
High School		
Elementary		

12. Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities: _____

 _____.

13. Employment History:

Company Name	Telephone Number ()
Address	Employed (mm/yyyy) From To
Name of Supervisor	Salary Start Finish
Job Title and Describe Your Work	Reason For Leaving

Company Name	Telephone Number ()
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Job Title and Describe Your Work	Reason For Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact: Employer Number(s) _____

Reason _____

14. State any additional information you feel may be helpful to us in considering your application.

15. Did you serve in the U.S. Armed Forces? ___ Yes ___ No

If yes, in what Branch? _____

Describe any training received relevant to the position for which you are applying.

Please read carefully before signing this application:

I authorize the Housing Authority to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Housing Authority from any and all liability arising from the giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Housing Authority.

I understand that any offer of employment is contingent upon a receipt of a satisfactory report concerning my academic credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Housing Authority has not employed me and for immediate dismissal if the Housing Authority has employed me. I also authorize the Housing Authority to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Housing Authority from any and all liability for its providing this information.

In the event of any employment with the Housing Authority, I will comply with all rules, regulations, and policies set forth in the Housing Authority's policy manual or other communications distributed by the Housing Authority.

I understand that nothing in this employment application, in the Housing Authority's policy statements or personnel guidelines, or in my communications with any Housing Authority official is intended to create an employment contract between the Housing Authority and me. I also understand that the Housing Authority has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Housing Authority unless it is made in writing and signed by the Housing Authority's Executive Director. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the Housing Authority retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

Date

Signature of Applicant