



EMPLOYMENT APPLICATION
(YOU MUST COMPLETE THE APPLICATION
EVEN IF YOU ARE SUBMITTING A
RESUME)

PLEASE READ BEFORE COMPLETING APPLICATION

The Housing Authority of Savannah is an equal opportunity employer and does not discriminate in recruiting, hiring, compensation, promotion, or other employment terms based on race, color, religion, creed, national origin, citizenship, sex, age, disability, or veteran status. This applies to all categories of employment; managerial, professional, technical, and all staff

All employment decisions are made solely upon the basis of the individual's qualifications as related to the requirements of the position being filled. The information requested in this application will be used in a nondiscriminatory manner.

In accordance with the Immigration and Reform Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

In accordance with our drug-free workplace policy, all job offers are contingent upon successfully passing a drug screen.

PLEASE READ BEFORE SIGNING

- **I UNDERSTAND THAT THIS APPLICATION IS INTENDED FOR INFORMATION PURPOSES ONLY. NEITHER THIS APPLICATION NOR ANY OTHER COMMUNICATION BY THE CORPORATION'S REPRESENTATIVES, WRITTEN OR ORAL, ESTABLISHES AN EMPLOYMENT CONTRACT OTHER THAN ONE TERMINABLE AT WILL BY THE CORPORATION OR THE APPLICANT.**
- I understand this application will remain active for ninety (90) days only and that my application can only be reactivated by reapplying in person.
- I agree to have a drug and/or alcohol screen if required by the Housing Authority of Savannah per established policy and procedure.
- If hired, I agree to inform my employer of any conviction of any crime including traffic offenses that occur during the course of my employment.
- I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit my employment or will be grounds for immediate dismissal whenever such omission or misinformation is discovered.
- I acknowledge that I have read and understand each of the above statements.

Signature

Date

Social Security Number

EMPLOYMENT APPLICATION
(Please print in ink)

GENERAL INFORMATION

Last Name	First Name	Middle Name	SS#	Date
Birth, Maiden or Other Names Used Past and Present				
Present Address	City		State	Zip Code
Mailing Address	City		State	Zip Code
Telephone	Positions Applied for (Limit of 2 at one time)			
Minimum Pay Required /Hour	1)			
	2)			
How Were You Referred to Us?				
<input type="checkbox"/> Walk In <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency/Name <input type="checkbox"/> Other <input type="checkbox"/> Employee Name:				

PERSONAL RECORD

Are You Age 18 or Older?	Have You Ever Applied to the Housing Authority of Savannah?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when _____ and what position? _____		
Have you ever been employed by the Housing Authority of Savannah?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when _____ and what position? _____			
Are you Related to Any Housing Authority of Savannah Employee or Board Member?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give name(s) and relationship(s):			
Military Service Branch	Date Entered	Date Discharged	Type Discharge	
Reserve Status (If applicable)				
Have You Ever Been Convicted of a felony or misdemeanor?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:			

SECTION 3 PREFERENCE

<p>The following section is optional. The Department of Housing and Urban Development (HUD) requires that economic opportunities generated by certain HUD financial assistance be directed to low-income persons, especially those residing in public housing neighborhoods.</p>	
I qualify for a Section 3 preference because:	<input type="checkbox"/> I live in a Housing Authority of Savannah neighborhood <input type="checkbox"/> I am considered a low income person as defined in section 3(b)(2) of the 1937 Act (42 USC 1437 a(b)(2))

EDUCATIONAL RECORD

School Name & Location		Major	Yr. Completed				Graduation Date	Degree
High School			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12		
College/ University			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
Graduate School			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
List Any Foreign Language Spoken and Level of Fluency								

WORK HISTORY (LAST YEARS BEGINNING WITH PRESENT OR MORE RECENT EXPERIENCE)

If additional space is needed attach separate sheet. Blank spaces, inaccuracies, omissions or falsified data may disqualify you from consideration or be grounds for immediate dismissal when such omission or misinformation is discovered.

Are you Employed? Yes No May We Contact Your Present Employer? Yes No

Employer _____ Address _____ Phone _____	Job Title _____	From _____ To _____ Indicate if Pay \$ HR <input type="checkbox"/> FT <input type="checkbox"/> PT YR
Immediate Supervisor (Name/Title) _____ Description of Work _____ Reason for Leaving _____		
Employer _____ Address _____ Phone _____	Job Title _____	From _____ To _____ Indicate if Pay \$ HR <input type="checkbox"/> FT <input type="checkbox"/> PT YR
Immediate Supervisor (Name/Title) _____ Description of Work _____ Reason for Leaving _____		
Employer _____ Address _____ Phone _____	Job Title _____	From _____ To _____ Indicate if Pay \$ HR <input type="checkbox"/> FT <input type="checkbox"/> PT YR
Immediate Supervisor (Name/Title) _____ Description of Work _____ Reason for Leaving _____		
Employer _____ Address _____ Phone _____	Job Title _____	From _____ To _____ Indicate if Pay \$ HR <input type="checkbox"/> FT <input type="checkbox"/> PT YR
Immediate Supervisor (Name/Title) _____ Description of Work _____ Reason for Leaving _____		

UNEMPLOYMENT RECORD: Account for all periods of unemployment of four weeks duration or longer, for non-medical reasons, during the last five years or since you left school.

From To Reason

PERSONAL REFERENCES (CANNOT BE RELATIVES)

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby grant permission to the Housing Authority of Savannah to contact the employer listed and further, I hereby authorize my former and/or present employer to give any information as to my behavior, performance, and employment record with them.

I hereby release from all liability and damages those individuals, companies or agencies who provide information as stated above.

Signature _____ Date _____

RECORD OF EMPLOYMENT

(Applicant – Do Not Complete. To be completed only by previous/present employer)

Name of Previous/Present Employer _____ Date _____

Address _____

City & State _____

Applicant's Name _____ SS# _____

Position Applied For _____

Position Held at Your Company _____

Dates Worked at Your Company _____

1. The applicant's reporting relationship to you _____

2. Is the information provided above, by the employee, correct? Yes No

3. Position (if different from above) _____

4. Reason for leaving _____

5. Would you rehire this person? Yes No If no, please explain _____

6. Strong points _____

7. Weak points _____

(Please Check)	Favorable	5	4	3	2	1	Unfavorable
Quality of Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Productivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Appearance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication/Interpersonal Skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance/Punctuality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Please verify dates of employment with your company. From _____ To _____

Additional comments _____

Signature _____

Title _____

Date _____

Please Mail To:
The Housing Authority of Savannah
Post Office Box 1179
Savannah, Georgia 31402