

**APPLICATION FOR EMPLOYMENT**

700 West Calhoun  
Temple, TX 76501

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. The Temple Housing Authority is an "At Will" Employer.

<b>EMPLOYMENT DESIRED</b>			
PLEASE TYPE OR PRINT			Date
Position	Date You Can Start	Salary Desired	Type of Employment Full-Time _____ Summer _____ Part-Time _____ Temporary _____
<b>Are you employed now? YES _____ NO _____</b> <b>If so, may we contact your present company? YES _____ NO _____</b>			
Have you ever applied to this company before? Yes ___ When _____ No ___	Have you ever been employed by us before? Yes ___ Dates _____ No ___	Have you ever lived in properties owned by Temple or Belton Housing Authorities? Yes ___ Where _____ No ___	
<b>PERSONAL INFORMATION</b>			
Last Name		First Name	Middle Name
Address		City	State      Zip Code
Home Phone Number		Cell Phone Number	How did you hear about the job?
What languages (including English) do you speak, read or write proficiently? Check all that apply.			
<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
English:	_____	_____	_____
Spanish:	_____	_____	_____
_____	_____	_____	_____
Have you ever been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion for any crime (misdemeanors and felonies)? <b>YES</b> _____ <b>NO</b> _____ If yes, please list below all misdemeanors and felonies (other than parking tickets and minor driving violations) for which you have been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion.			
Year	Location (City and State)	Type of Crime	
Are you currently serving probation, deferred adjudication, court-ordered community service, pre-trial diversion or parole for any criminal offense? <b>YES</b> _____ <b>NO</b> _____ If yes, please specify _____ <i>Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.</i>			
Are you eligible to work in the United States? <b>YES</b> _____ <b>NO</b> _____ (Proof of eligibility from the list of approved documents on the I-9 form must be provided if you receive a job offer.)			
<b>EDUCATION – Resume may be attached and referenced for this information.</b>			
High School Attended and Location	No. of Years Completed		Did you Graduate?
			Yes _____ No _____
			Obtained GED _____
College Attended and Location	No. of Years Completed		Did you Graduate?
			Yes _____ No _____
Trade, Business, or Correspondence School Attended and Location	No. of Years Completed		Did you Graduate?
			Yes _____ No _____

GENERAL					
List Special Courses or Training, Licenses and Certifications					
Have you ever had a license or certification (if any) revoked, suspended, or curtailed? YES ___ NO ___. If yes, please explain					
Experience/Skills Related to the Position for Which You Are Applying					
OFFICE APPLICATIONS					
Skill / Aptitude		Years of Experience		Words Per Minute	
Typing / Word Processing					
Software Used					
EMPLOYMENT HISTORY (List Present or Most Recent Positions First) – Resume may be referenced for basic history information.					
Name of Employer		Address		City	State Zip
Phone	Type of Business		Department		Your Position
Duties					
Name and Position of Immediate Supervisor					
Date Employed (Month/Day/Year)		Date Left (Month/Day/Year)		Starting Salary	Final Salary
Resigned, laid off, or were you terminated?			Reason		
Name of Employer		Address		City	State Zip
Phone	Type of Business		Department		Your Position
Duties					
Name and Position of Immediate Supervisor					
Date Employed (Month/Day/Year)		Date Left (Month/Day/Year)		Starting Salary	Final Salary
Resigned, laid off, or were you terminated?			Reason		
Name of Employer		Address		City	State Zip
Phone	Type of Business		Department		Your Position
Duties					
Name and Position of Immediate Supervisor					
Date Employed (Month/Day/Year)		Date Left (Month/Day/Year)		Starting Salary	Final Salary
Resigned, laid off, or were you terminated?			Reason		

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


**OTHER EXPERIENCE – Resume may be referenced for this information.**

In this section, list any job experience not already listed that directly relates to job for which you are now applying.


Name of Employer	Address	City	State	Zip
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Phone	Type of Business	Department	Your Position
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Duties


Name and Position of Immediate Supervisor

Date Employed (Month/Day/Year)	Date Left (Month/Day/Year)	Starting Salary	Final Salary
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Resigned, laid off, or were you terminated?	Reason
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**MILITARY SERVICE**

Have you ever served in any branch of the U.S. military?    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DRIVING RECORD**

Do you have a valid, unexpired driver's license?    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_    If yes, please note following:  
Expiration date \_\_\_\_\_    Issuing state (i.e., TX) \_\_\_\_\_  
Has your driver's license been revoked, suspended or limited during the past five years?    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_    If yes, please explain \_\_\_\_\_

If you currently have an out of state driver's license, you must obtain a TEXAS license within 30 days of employment.

**PERSONAL REFERENCES (Do Not List Relatives or Previous Employers)**

Name	Address	City	State	Zip
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Phone	Relationship
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Name	Address	City	State	Zip
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Phone	Relationship
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By signing this application, I understand that in connection with my application for employment with the Temple Housing Authority (THA), investigative inquiries may be made on myself including, but not limited to, criminal convictions, motor vehicle history, educational transcripts and other reports. These reports will include information as to my character, work, habits, performance and experience together with reasons for termination of past employment.

Further, I understand that you may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, criminal, education, and other experiences.

**I authorize without reservation all corporations, companies, persons, educational institutions, law enforcement agencies and former employers to release information they may have about me, and release them from any liability and responsibility for doing so.**

**I hereby authorize investigation of all statements made by me in connection with my potential or actual employment by THA with no liability arising there from.**

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I understand that any employment offer would be contingent upon the results of a drug test, with the automatic withdrawal of the employment offer if I fail the drug test. If a job offer is made, a criminal history background check is required. THA will obtain a local police record of arrests and paroles (Rap Sheet). THA will also obtain a set of fingerprints for the purpose of acquiring criminal history records from the Texas Department of Public Safety. If your criminal history records contain information not listed in your employment application, you may be terminated immediately.

I understand that if employed by THA and I quit or am terminated within the first three months of employment, THA may deduct initial screening costs from my final pay check.

I understand that any employment offer would be contingent upon completion of all new hire paperwork and the satisfactory results of any unfinished background checks.

If I am employed, I agree to abide by the Employer's rules, procedures, and policies as modified from time to time. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. **Note Requirement Effective 04/23/2014: Tattoos, body art and/or brandings may not be visible while working. These must be fully covered by clothing, hair, band-aids or other means.**

I understand that as a condition of employment, I must disclose the name(s) of any relative(s) currently working for the Housing Authority in any capacity during the application process. Nondisclosure of this information will be deemed as falsification of the application and may result in the application being not considered.

I certify that the information provided is true and correct. Providing incomplete or false information could result in termination.

I agree to immediately notify THA if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

**NOTE: I understand that if I submit my application electronically without a signature, I must sign the completed Application for Employment before an interview can be conducted.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR THA USE ONLY**

Offer of employment made on \_\_\_\_\_. Applicant was given a Scott and White Drug Testing Form and given the deadline date of \_\_\_\_\_ to have the test completed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### SECTION 3 EMPLOYMENT/TRAINING PREFERENCE CLAIM FORM

A person seeking preference in employment and/or training shall certify to the employer, and submit evidence showing they meet the criteria of a Section 3 resident (i.e. proof of a receipt of public assistance or residency in a Department of Housing and Urban Development (HUD), other federally-assisted housing program, or other government assistance program).

### SECTION 3 RESIDENT CERTIFICATION

I, \_\_\_\_\_, **certify that the information I have provided below is true and accurate.**

I have attached one of the following documents as proof of my status:

- \_\_\_\_\_ Proof of residency (lease in a HUD or other federally assisted program).
- \_\_\_\_\_ Proof of public assistance, e.g., Temporary Assistance for Needy Families (TANF) recipients, etc.
- \_\_\_\_\_ Proof of participation in a HUD YOUTHBUILD program or in another federally assisted program such as job training programs, etc.
- \_\_\_\_\_ Proof of participation in a state or local assistance program, or other program that assists low-or very-low income persons.

**ONLY USE THE FOLLOWING IF ONE OF THE ABOVE IS NOT APPLICABLE.**

- \_\_\_\_\_ Employee household income, from all sources, does not exceed Total Family Income for my family size.

PLACE "X" IN APPROPRIATE ROW TO DENOTE FAMILY SIZE

NUMBER OF FAMILY MEMBERS		TOTAL FAMILY INCOME FOR BELL & CORYELL COUNTIES	TOTAL FAMILY INCOME FOR LAMPASAS COUNTY
1		\$33,050	\$34,000
2		\$37,800	\$38,850
3		\$42,500	\$43,700
4		\$47,200	\$48,550
5		\$51,000	\$52,450
6		\$54,800	\$56,350
7		\$58,550	\$60,250
8		\$62,350	\$64,100

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COUNTY OF RESIDENCE:** \_\_\_\_\_