

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

It is the policy of the BROWARD COUNTY HOUSING AUTHORITY to seek and employ the best qualified personnel in all facilities and at all locations; to provide equal opportunity for the advancement of employees, including upgrading, promotion and training; and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, sex, national origin, disability, marital status, genetic information, sexual orientation, veteran status, or political affiliation.

INSTRUCTIONS: This application must be filled out accurately and completely. All statements are subject to investigation. Exaggerated, false or misleading statements are cause for rejection. Please PRINT clearly or type all information. If an item does not apply, insert N/A (not applicable). Attach any documents, certificates, commendations, etc. you feel will help in the evaluation.

GENERAL INFORMATION				
Date:	Position Applying For:	If you require assistance with testing due to a disability, please notify Human Resources.		
Present Legal Name:				
Last Name:		First Name:		M.I.
Address: (Number)	(Street)	(City)	(State)	(Zip Code)
Phone Number:		E-Mail Address:		
Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, verification will be required.)				
Should an offer be extended to you, when would you be able to start?				
By whom or how were you referred to BCHA?				
Have you ever worked for this company before? ___Yes ___No If yes, dates of employment:				
Are you related to any current BCHA employee? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name: _____			Relationship: _____	

Broward County Housing Authority is a Drug-Free Workplace

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT JOB

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Supervisor's Name & Title: _____

Reason For Leaving: _____

May we contact your present employer? YES NO

From		To	
Month	Year	Month	Year

Hours Per Week: _____

Starting Salary: _____

Last Salary: _____

Specific Duties: _____

PREVIOUS JOB

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Supervisor's Name & Title: _____

Reason For Leaving: _____

From		To	
Month	Year	Month	Year

Hours Per Week: _____

Starting Salary: _____

Last Salary: _____

Specific Duties: _____

PREVIOUS JOB

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Supervisor's Name & Title: _____

Reason For Leaving: _____

From		To	
Month	Year	Month	Year

Hours Per Week: _____

Starting Salary: _____

Last Salary: _____

Specific Duties: _____

EDUCATION AND SPECIAL TRAINING

High School Diploma/GED (Check): Yes No If yes, date received:

Name and Location of Last HIGH SCHOOL attended:

Name _____ City _____ State _____

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Dates Attended				Courses or Subject Taken	Certificates given or other pertinent information
	From		To			
	Mo.	Yr.	Mo.	Yr.		

List Colleges and Universities Attended Below:

Name and Location	Dates Attended				Grade Point Average	Major Field of Study	Type of Degree Received
	From		To				
	Mo.	Yr.	Mo.	Yr.			

List any active professional, technical, occupational licenses or certificates and registrations you now hold: _____

U.S. MILITARY RECORD

Branch of Service: _____ Rank: _____

Date Entered: _____ Date of Separation: _____ Type of Discharge: _____

Are you in the Reserves? _____ Yes ___ No Branch: _____ Time To Serve: _____

VETERAN PREFERENCE: In accordance with Florida State Statutes, you may be eligible for preference in appointment if you are a wartime veteran with an honorable discharge, or if you are a disabled veteran currently receiving disability benefits. Veterans who have been employed by the State of Florida or one of its Counties, Cities, etc. and/or retired military personnel are excluded from these Statutes. To receive preference, a copy of your DD214 and/or proof of current receipt of disability must be supplied with your application.

SPECIFIC SKILLS

List Foreign Languages You Speak Fluently: _____

List Office Equipment You Can Operate _____

List Maintenance Equipment You Can Operate _____

List Crafts, Trades and Technical Professions: _____

List Memberships in Professional, Job-Related Organizations: _____

List Awards, Commendations or Other Recognition Received for Outstanding Achievements: _____

REFERENCES (List (3) three work-related professional references. Do not list relatives or personal friends.)

Name and Occupation	Where Worked Together	Phone Number	Years Known

CRIMINAL HISTORY

Have you ever been convicted of any violation of the law within the last seven (7) years, other than minor traffic offenses, or pleaded Nolo Contendere to criminal charges, even if adjudication was withheld? YES NO

If YES, please give:

Nature of Offense: _____

Name and Location of Court: _____

Disposition of Case: _____ Date: _____

Note: A conviction does not automatically mean you cannot be employed by BCHA. The nature of the offense, how long ago it occurred, etc. are given consideration.

PLEASE READ CAREFULLY BEFORE SIGNING: I hereby certify that I have given true and complete information, as herein requested, to the best of my knowledge and ability. I authorize you to make any reasonable inquiry of my schools, former associates or employers and any public record searches pertaining to me now and if employed, in the future on a continuing basis. I understand that any misrepresentation of facts upon this application will be considered just cause for dismissal at the discretion of the agency, should I become an employee of BCHA.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the BCHA to hire me. If I am hired, I understand that either the BCHA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the BCHA has the authority to make any assurance to the contrary.

If employed, I agree to abide by and observe BCHA's policies and understand that my employment depends on a need for my services and satisfactory replies from my references. I further understand that if employed, I shall be on a probationary period for 180 days.

Signature of Applicant: _____ **Date:** _____

Have you ever used a legal name other than the (1) one included on page 1? Yes No

If YES, please indicate name(s) used:

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

APPLICANT - Do not write below, for interviewer's use.

EMPLOYMENT OFFER

Position _____ Location: _____
Compensation: _____ Authorization: _____ Date: ___/___/___

RESPONSE TO OFFER

Accepted: ___/___/___ Start Date: ___/___/___

Declined: ___/___/___ Reason: _____

ADDITIONAL INFORMATION

