

OSCEOLA HOUSING AUTHORITY

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company				Phone ()	
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ()	
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ()	
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

MILITARY SERVICE

Branch		From		To	
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
-----------	--	------	--

HOUSING AUTHORITY OF THE
CITY OF OSCEOLA



Carolyn Childress
Executive Director, PHM
P.O. Box 585
501 Coston Avenue
Osceola, AR 72370

Telephone (870) 563-6662
Fax (870) 563-1156

Date: _____

I, _____, hereby authorize the Osceola Housing Authority to obtain any and all information necessary to determine my eligibility for employment. I understand that such information will be kept confidential and will be used only for employment screening purposes.

I also authorize the Osceola Housing Authority to obtain from the local police department, sheriff's department, and Federal Bureau of Investigation, any and/or all criminal records that they may have on file in my name. Furthermore, I release the local police department, sheriff's department and the Federal Bureau of Investigation and its employees thereof from any liability arising from the release of this information.

Name (please print)

Signature

Maiden Name (if applicable)

Date of Birth

Other name(s) used

Social Security Number

WITNESSED BY:

OHA Representative Signature