

Housing Authority of the City of Goldsboro

P.O. Box 1403
Goldsboro, North Carolina
27533-1403
(919) 735-5650

(PLEASE PRINT)



PERSONAL

Date: _____

Position Applied For: _____

Name: _____ Email: _____

Last First Middle

Telephone No: _____

Address: _____

No. Street City State Zip

Have you ever been employed by the Housing Authority City of Goldsboro? _____ Yes _____ No IF YES:

Department	Position Held	Years	Supervisor
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Do you have relatives working with the Housing Authority City of Goldsboro? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) _____ Yes _____ No

If under eighteen, can you, after employment, submit a work permit? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No If Yes, what state? _____ DL# _____

When will you be available for work? _____

MILITARY SERVICE

Were you in the Armed Forces? _____ Yes _____ No IF YES, what branch? _____

List duties in the service including any special training: _____

If you are otherwise required to do so, have you registered with the Selective Service? ___Yes ___No

RECORD OF EDUCATION

Name & Address of School	Course of Study	No. Years Completed	Degree Diploma	Major	Minor
High School					
College					
Other (Specify)					

Have you passed the High School Equivalency Test or completed the Armed Forces GED? ___Yes ___No

List special skills, training, fields of work for which you are licensed, registered, or certified which may be useful in the performance of the duties of the position for which you have applied: _____

List office machines operated: _____

Typing Speed WPM _____

Shorthand Speed WPM _____

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, creed, national origin, age, sexual orientation, marital or veterans status, disability or other protected status. _____

REFERENCES

Give the names of four (4) responsible persons, other than relatives or past employers, who are willing to provide professional and/or character references.

Name and Occupation	Address	Years Known	Phone Number

EMPLOYMENT HISTORY

Start with your present or last job, (including military service assignments, and other volunteer activities). You may exclude organization names which indicate race, color, religion, gender, national origin, handicapped, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
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Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

READ CAREFULLY AND SIGN

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

I certify that the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge true and that I have not withheld any pertinent information. I hereby authorize the GHA to make any investigation of my background deemed necessary including a check with the Department of Motor Vehicles on my past driving and accident record and a drug/alcohol screening. I also understand that any omission, misrepresentation or false information submitted in connection with this application, may result in refusal or separation from employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand, also, that I am required to abide by all rules and regulations of the employer. I agree I will be subject to a 6-month probationary period. I have reviewed the job description and physical requirements of the job. I hereby authorize my former employers to furnish all information pertaining to my work record and release my former employers from all liability on account of furnishing such information to the company.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Date _____ Signature _____

FOR PERSONNEL DEPARTMENT USE ONLY

Interview Date _____	Received for Reference Checks _____
Drug Screening Ordered _____	D.L. Received _____
Personnel Checks Completed _____	Drug Screening Received _____
Executive Director Approval _____	
Position _____	Grade _____
Start Date _____	Salary _____

Personnel Officer

Date