



# Housing Authority of the City of Covington

PHONE (770) 786-7739

FAX (770) 784-6004

## APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Telephone ( ) -			

### POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available
Salary Desired		

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
<b>College, Business School, Military (Most recent first)</b>						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	

### VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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### SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer		Telephone Number ( ) -	From (Month/Year)
Address			
Job Title	Number Employees Supervised		To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
			Reason For Leaving
			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Telephone Number ( ) -	From (Month/Year)
Address			
Job Title	Number Employees Supervised		To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
			Reason For Leaving
			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Telephone Number ( ) -	From (Month/Year)
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Employer		Telephone Number ( ) -	From (Month/Year)
Address			
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Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
			Reason For Leaving
			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Comments:
