

HOUSING AUTHORITY OF THE CITY OF OPELIKA

P.O. BOX 786

OPELIKA, ALABAMA 36803-0786

TELEPHONE: (334) 745-4171



Employment Application

The Housing Authority of the City of Opelika is an affirmative action, equal opportunity employer and applicants will be considered without regard to their race, color, religion, sex, national origin, age, veterans status, or disability. We appreciate your interest in the Housing Authority of the City of Opelika and assure you we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications. Please fill this application form out carefully and completely. Submission of a resume **will not** substitute for completing this application.

Job applicants are required to submit to Drug Testing at or near the final stage of the hiring process.

Any offer of employment will be conditional upon a NEGATIVE drug test result.

Date: _____

Name: _____
Last
First
Middle

Any other name used: (nickname, assumed, etc.) _____

Street Address: _____
Number
Street
City
State
Zip Code

Mailing Address: _____
Number or P.O. Box
Street
City
State
Zip Code

Telephone Number: () _____ Social Security # _____

 POSITION(s) Applied For: _____

Are you available to work _____ Full Time _____ Part-time _____ Temporary _____
 _____ Shift Work _____ Other: _____

On what date are you available for work? _____

 Are you presently employed? _____ Yes _____ No

Are you legally eligible to work in the United States? _____ Yes _____ No

Have you ever been convicted of an offense other than a minor traffic violation?
 Criminal convictions are not an absolute bar to employment but will only be considered in
 relation to specific job requirements. _____ Yes _____ No

If Yes, please explain: _____

Are you related to any Opelika Housing Authority employee? _____ Yes _____ No

If yes, please list names: _____

(MIDDLE)

(FIRST)

(LAST)

PRINT FULL NAME

**HOUSING AUTHORITY OF THE
CITY OF OPELIKA
APPLICATION FOR EMPLOYMENT**

EMPLOYMENT RECORD:

#1 Present or Most Recent Employer:

Employer Name: _____ Telephone: () _____

Address: _____
Number Street City State Zip Code

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Last Pay Rate: \$ _____ Per _____

Dates of Employment: From: _____ To: _____

Was your employment: _____ Full time; _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for Leaving: _____

#2 Past Employer:

Employer Name: _____ Telephone: () _____

Address: _____
Number Street City State Zip Code

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Last Pay Rate: \$ _____ Per _____

Dates of Employment: From: _____ To: _____

Was your employment: _____ Full time; _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for Leaving: _____

#3 Past Employer:

Employer Name: _____ Telephone: () _____

Address: _____
Number Street City State Zip Code

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Last Pay Rate: \$ _____ Per _____

Dates of Employment: From: _____ To: _____

Was your employment: _____ Full time; _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for Leaving: _____

May we contact the employers listed above? _____ Yes _____ No

If No, indicate the employers you do not wish us to contact: _____

**HOUSING AUTHORITY OF THE
CITY OF OPELIKA
APPLICATION FOR EMPLOYMENT**

EDUCATION:

Name of High School: _____

City State

Did You Graduate? _____ Yes _____ No

Have you completed the requirements for a General Education Diploma (G.E.D.)? _____ Yes _____ No

If yes, state where received: _____

Name of College: _____

City State

Years Completed: 1 2 3 4 5 6 Did you Graduate? _____ Yes _____ No

Major: _____ Degree: _____

Name of Graduate School: _____

City State

Did You Graduate? _____ Yes _____ No

Area of Study: _____ Degree: _____

Vocational Technical School: _____

City State

Years Completed: 1 2 3 4 5 6 Did you Graduate? _____ Yes _____ No

Area of Study: _____ Degree: _____

Other Formal Education: _____

City State

Years Completed: 1 2 3 4 5 6 Did you Graduate? _____ Yes _____ No

Area of Study: _____ Degree: _____

SPECIALIZED TRAINING / SKILLS:

Typing: _____ /wpm

Can you operate: _____ Calculator _____ Dictaphone _____ Multi Line Telephone System

_____ Copier _____ Word Processor _____ Data Entry Terminal

List any other training, skills or aptitudes which you feel are related to the type of employment you are seeking with the Housing Authority of the City of Opelika:

Do you have a valid Driver's License: _____ Yes _____ No

If yes, give the License Number: _____ State: _____ Type: _____

Have you ever been employed by the Housing Authority of the City of Opelika: _____ Yes _____ No

If yes, state: Supervisor's Name: _____ Department: _____

Your Position: _____ From: _____ to: _____

Reason for termination: _____

**HOUSING AUTHORITY OF THE
CITY OF OPELIKA
APPLICATION FOR EMPLOYMENT**

MILITARY SERVICE:

Have you served in the U.S. Military Service: _____ Yes _____ No

Dates of active service: from: _____ to: _____

Branch of Service: _____ Type of Duty: _____

Describe any special training or skills acquired in the Services:

List memberships in any professional organizations which you feel would enhance your application.

APPLICANT'S STATEMENT

Read Carefully:

The information contained in this application is correct and accurate to the best of my knowledge. I understand that employment is subject to: verification of applicable lawful age, legal right to remain permanently in the United States and physical examination and condition; and I will furnish and submit such lawful proof, documents and permits as may be necessary to verify the same, I hereby agree to submit to medical examination based on the essential functions of the job after a conditional job offer has been made. I authorize: (A) Investigation of the information contained in this application, of other matters concerning my past employment, credit, educational records, or other activities, (B) The issuance of credit and consumer reports or other statements which may be furnished or obtained concerning the same. I hereby release from any and all liability and responsibility all persons, companies and corporations supplying such information and the Housing Authority of the City of Opelika in obtaining the same.

I agree to use such personal protection equipment and devices as may be required by the Housing Authority of the City of Opelika and to comply with safety rules and requirements. I understand that any misleading or incorrect statements may render this application void and in the event of my employment would be cause for immediate dismissal.

I have carefully read the above and fully understand the same.

Signature of Applicant _____ Date _____

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

Applicant:

This will authorize all previous employers of mine to provide the Housing Authority of the City of Opelika with any information that the Housing Authority may request. I, hereby, authorize each previous employer of mine to give to the Housing Authority of the City of Opelika any information in my personnel file that the Housing Authority may request, including, but not limited to disciplinary actions, attendance records, reports relative to training and education, and any other information available concerning my previous employment. The Housing Authority of the City of Opelika may obtain an investigative report that includes information obtained through personal interviews with supervisors and business associates with any previous employer of mine. The personal interviews may seek information about my past job performance reliability, character, personal characteristics, and general reputation.

I understand that if I am hired, the Housing Authority of the City of Opelika may terminate my employment during the probationary period with or without cause. I understand that no promise of employment for a particular length of time has been made to me. I further understand that no manager, supervisor, employer or other Housing Authority representative has the authority to promise employment for a particular length of time or to make any other promise or representations about my future employment with the Housing Authority.

I have read and understand the application and all information contained herein.

Signed: _____ Date: _____

*****This application becomes inactive after six months, unless renewed in person or in writing.*****

VOLUNTARY AFFIRMATIVE ACTION SURVEY

The Housing Authority of the City of Opelika is under a voluntary Affirmative Action Plan. Although doing so is voluntary on your part, we are asking that you complete this survey form to help us evaluate our efforts as an Equal Opportunity/Affirmative Action Employer. The information you provide will be kept confidential and will be used ONLY to monitor the success of our Affirmative Action Plan and to furnish necessary information for reports, unless you consent otherwise. This survey form will be kept separate from all other application forms, and refusal to provide this information will not subject you to any adverse treatment. We appreciate your cooperation.

NAME: _____
(Last) (First) (M.I.)

SEX: _____ SSN: _____ Date of Birth: _____
Male or Female

RACE:

_____ White, not of Hispanic Origin _____ Black, not of Hispanic Origin
_____ Asian or Pacific Islander _____ Indian or Alaskan Native
_____ Hispanic

CHECK WHERE YOU LEARNED ABOUT THIS JOB:

_____ Walk In _____ State Employment Service _____ Newspaper Ad
_____ Professional Journal _____ Campus Sources _____ Other

I do _____, do not _____ want this information to be revealed to the hiring department.

Signature of Applicant

Date