



APPLICATION OF EMPLOYMENT

Lauderhill Housing Authority
1818 NW 54th Terrace, Lauderhill, Florida 33313
Phone: 954-730-3036, Fax: 954-730-4227



DEPARTMENT USE ONLY:

APPLICATION NUMBER _____

DATE RECEIVED _____

VETERAN'S PREFERENCE _____

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/AMERICANS WITH DISABILITIES ACT EMPLOYER
DRUG FREE WORKPLACE**

RESUMES MAY NOT SUBSTITUTE FOR THE COMPLETE APPLICATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION FOR EMPLOYMENT.

POSITION(S) APPLIED FOR: _____

NAME (LAST) FIRST M.I

PRESENT ADDRESS (NO./STREET) CITY STATE/ZIP

TELEPHONE NUMBER (HOME) BUSINESS HOW LONG AT ABOVE ADDRESS?

Are you a U.S. Citizen? ____ Yes ____ No MINIMUM SALARY REQUIREMENT _____
If no, list alien registration number _____

Have you ever been employed by the Lauderhill Housing Authority? ____ Yes ____ No If so, when? _____ Department? _____
Are you related to anyone working with the Lauderhill Housing Authority? ____ Yes ____ No If yes, please provide the following information.

NAME RELATIONSHIP DEPARTMENT

I am willing to work: ____ Full-time ____ Part-time ____ Temporary ____ Seasonal ____ Schedule other than Mon-Fri? ____ Shift Work ____ Overtime ____ Emergency Call-Back

Since your 18th birthday, have you ever been convicted of a crime or misdemeanor in military or civilian court? ____ Yes ____ No. If yes, briefly describe the circumstances of your conviction, indicating the date, nature and disposition of the case. Do not include arrests without conviction or minor traffic violations. NOTE: An affirmative answer will not preclude employment. _____

VETERAN'S INFORMATION

Are you presently or have you been a member of the U.S. Military? ____ Yes ____ No If yes, BRANCH OF SERVICE _____

Date Entered: _____ Date Separated: _____ Rank: _____ Specialty: _____

Type of Discharge: _____ % of Disability if any: _____

Are you claiming Veteran's Preference points? ____ Yes ____ No If yes, please be sure to complete attached card.

DRIVING RECORD

DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE? Yes No Number _____

Type of License: Commercial A B C Not Applicable Non-Commercial D(Chauffeur) E(Operator) DATE ISSUED: _____

State in which issued? _____ Has your license ever been suspended? Yes No If so, when? _____

Reason: _____

Has your license ever been revoked? Yes No If yes, give dates and reason: _____

List all traffic citations received within the last seven (7) years. For each offense, give date, description of offense, city and/or state in which offense occurred and disposition of case.

Have you ever completed a Defensive Driving Course? Yes No If yes, when? _____

EDUCATION AND TRAINING

Do you have a High School Diploma? Yes No

School Name & Address

Did you graduate?
(If no, list highest grade completed)

Yes No

Do you have a G.E.D.? Yes No N/A

Dates Attended Degree/Certificate GPA

From _____ To _____
_____mo./_____yr. _____mo./_____yr.

High School/GED/Issuing Agency: _____

Jr. College, Technical, Vocational: _____

Yes No

_____mo./_____yr. _____mo./_____yr.

College or University: _____

Yes No

_____mo./_____yr. _____mo./_____yr.

Graduate School: _____

Yes No

_____mo./_____yr. _____mo./_____yr.

Academic Achievements & Activities: Please list academic honors, scholarships or memberships; and any campus, professional and/or community organizations you consider significant.

If applicable to position, list typing speed: _____ Shorthand Speed: _____ Last Date (approx.) Tested: _____

EMPLOYMENT HISTORY - **** (Please complete employment history in detail requested, even if resume is attached.) ****

Please account for the last ten (10) years of employment. (Attach additional sheets if necessary.)

MOST RECENT OR CURRENT JOB – May we contact your present employer regarding your record of employment? Yes No

Your Title Name & Address of Company Telephone # Date Started Date Left #Yrs. / #Mos.

Name & Title of Supervisor Hrs. Per Wk. Start Salary End Salary

Describe your job duties in detail:

Reason for Leaving: _____

PREVIOUS JOB

Your Title Name & Address of Company Telephone # Date Started Date Left #Yrs. / #Mos.

Name & Title of Supervisor Hrs. Per Wk. Start Salary End Salary

Describe your job duties in detail:

Reason for Leaving: _____

PREVIOUS JOB

Your Title Name & Address of Company Telephone # Date Started Date Left #Yrs. / #Mos.

Name & Title of Supervisor Hrs. Per Wk. Start Salary End Salary

Describe your job duties in detail:

Reason for Leaving: _____

Have you ever been fired or forced to resign? ____ Yes ____ No If so, explain: _____

GENERAL INFORMATION

1. The health of an applicant may be relevant to the applicant's ability to perform the essential functions and responsibilities of a particular job or position. To that extent, the Lauderhill Housing Authority may require a post-offer medical examination of an applicant. Any offer of employment is conditioned upon the results of said medical examination.

2. The Lauderhill Housing Authority reserves the right to conduct any tests required to determine whether an applicant is currently engaged in the use of illegal drugs or alcohol. No employee of the Lauderhill Housing Authority is permitted to use illegal drugs or to be under the influence of illegal drugs or alcohol during work hours. Any offer of employment or continued employment is conditioned upon the results of any such drug or alcohol test.

3. I hereby certify the information contained in this application is true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection of this application or dismissal. I authorize the use of any information in this application to verify my statements or to obtain information about me, and authorize all my previous employers and other persons, including but not limited to school authorities, having information about me to release such information to the Lauderhill Housing Authority. I hereby knowingly and voluntarily consent to have the Lauderhill Housing Authority conduct a criminal background check of my person and I acknowledge any information derived from this background check may be used in conjunction with this application. I hereby agree to release the Lauderhill Housing Authority, from and against any and all claims, causes of action, or liability of whatsoever kind or nature, which I now have or may have in the future, arising out of, or in connection with, the Lauderhill Housing Authority obtaining, or being provided with, information about me in connection with this application for employment. Without signature, this application is not acceptable.

Signature of Applicant

Date

ADDITIONAL INFORMATION: (if needed)
