

## GEORGETOWN HOUSING AUTHORITY P.O. Box 60 Georgetown, TX 78627-0060 (512) 863-5565



## APPLICATION FOR EMPLOYMENT

## Tell us how you heard about this job opportunity:

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out the application form completely; if questions are not applicable, enter "NA". Do not leave response line blank. Resumes will be accepted for whatever additional information they might contain, *but not in place of a complete application*. Be sure to sign the application when it is completed.

NAME			SOCIAL SECURITY	NO
(LAST)	(FIRST)	(MIDDLE INIT.)		
ADDRESS(STREET	-		PHONE	
×	<sup>(1)</sup>	(CITY) (STATE	· · · ·	
			_	
SALARY EXPECTED	FULL-TI	MEPART-TIME	DATE AVAILABLE	FOR WORK
Are you willing to work	k hours other than 8-5? [	Yes No If yes	, indicate when	
Have you ever been con	nvicted of a felony?	Yes 🗌 No If yes, plea	ase describe	
Are you or anyone in y	our family participating	in a Georgetown Housir	ng program, either as tena	nt or landlord? 🗌 Yes 🗌 N
If yes, please explain: _				
	school grade completed (N loma may be required for v		9 10 11 12 Did you grad	luate/earn a GED? Yes
Type of School	Name and location of school	Dates attended (From <u>to</u> )	Did you graduate? (yes or no)	List diploma or Degree earned
Please list any current l	icenses/certifications/reg	sistrations (include type	and data received):	
		,		
SPECIAL SKILLS/QU	ALIFICATIONS			
	<u></u>			
Approximately words per minute in: Typing				
What foreign languages do you speak fluently?			read fluently?	
	write fluently?			
MILITARY SERVICE: (ACTIVE DUTY) Branch			Dates: From	to

EMPLOYMENT RECORD: Please indicate at least 10 years	s of employment. S	Start with the present	or most recent pos	sition and w	ork back.
Include military service. Use additional sheets if necessary.					

Include military service. Use add	litional sheets if necessar	y.	1	1
EMPLOYER:		Type of Business:		Full Time
Mailing Address				Part Time
Phone # :				Seasonal
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
Briefly describe your duties and	responsibilities below:	Who was/ is your immed	liate Supervisor?	
Explain reason for leaving:				
EMPLOYER:		Type of Business:		Full Time
Mailing Address				Part Time
Phone # :				Seasonal
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
Briefly describe your duties and	responsibilities below:	Who was/ is your immed	liate Supervisor?	
Explain reason for leaving:				
Do you have any relatives workin	g for the Georgetown H	ousing Authority? Yes	No If yes, list names, re	lationship, and position.

I hereby certify that the foregoing statements as well as those on any attachments(s) to the form are, to the best of my knowledge, true and correct and that they are all given of my own free will. I agree that any misstatements as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. A DPS Criminal Background check, driving record, TX Drivers License, and drug screen will be required upon offer of employment.

May we contact your present employer? 
Yes No Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYER: Mailing Address Phone # :		Type of Business:		Full Time     Part Time     Seasonal
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
Briefly describe your duties and responsibilities below:		Who was/ is your immediate Supervisor?		
Explain reason for leaving:				
EMPLOYER: Mailing Address Phone # :		Type of Business:		Full Time     Part Time     Seasonal
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
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