

# EMPLOYMENT APPLICATION

THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF 90 DAYS

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NAME

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DATE

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POSITION DESIRED

The Fort Pierce Housing Authority is a Drug Free Workplace

The Fort Pierce Housing Authority  
707 North 7<sup>th</sup> Street  
Fort Pierce, Florida 34950

It is the policy of the Fort Pierce Housing Authority (FPHA) to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, disability, and any other characteristic protected by Federal, State, or Local law.

**Application must be fully completed before any final offer of employment - Please Complete in Ink**

<b>PERSONAL INFORMATION</b>	NAME - LAST, FIRST, MIDDLE	SOC. SEC. NUMBER
PRESENT ADDRESS - NO. STREET, CITY, STATE & ZIP CODE		TELEPHONE #
NEAREST PHONE IF NO HOME PHONE ( ) -	ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? __YES __NO	

REFERRED BY: \_\_\_NEWSPAPER \_\_\_AUTHORITY EMPLOYEE \_\_\_AGENCY \_\_\_FRIEND \_\_\_OTHER

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR HAD ADJUDICATION WITHHELD BY A COURT OR A MILITARY TRIBUNAL?  
 \_\_\_ YES \_\_\_ NO IF YES, PLEASE DESCRIBE:

A RECORD OF A CONVICTION OR ADJUDICATION WITHHELD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT

Do you have a valid State of Florida Driver's License? [ ] YES [ ] NO  
 Have you ever had your driver's license revoked, suspended, or been convicted of a DUI or reckless driving [ ] YES [ ] NO  
 If yes, please explain:  
 NOTE: Depending upon the position applied for, lack of valid driver's may not necessarily be a bar to employment.

EMPLOYMENT STATUS	ARE YOU PRESENTLY EMPLOYED? __Yes __No	WHEN CAN YOU START?	MAY WE CONTACT YOUR PRESENT EMPLOYER NOW? __Yes __No	HAVE YOU EVER BEEN EMPLOYED BY THE AUTHORITY? __Yes __No	HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH US? __Yes __No	
EDUCATION			Dates - (MO. YR)	GRADUATE	DEGREE	NUMBER OF YRS. COMPLETED
	NAME OF SCHOOL AND LOCATION		FROM TO	YES NO	MAJOR MINOR	
HIGH SCHOOL			NA NA			
COLLEGE						
OTHER- SUCH AS TRADE, TECH, OR GRADUATE						

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

List any other experience, skills, or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

**ATTENDANCE AND PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are essential requirements of every job with this Agency. Will you be able to consistently meet established Agency requirements if you are offered a job with the Authority? \_\_Yes \_\_No.

**List all employment for at least the last ten (10) years beginning with your present or most recent employer and include all periods of unemployment (if necessary attach additional sheet).**

FROM (MO. YR.)	TO (MO. YR.)	COMPANY NAME	BRIEFLY STATE YOUR DUTIES
COMPANY ADDRESS - TELEPHONE NUMBER			
PRESENT JOB TITLE	SUPERVISOR TITLE		
STARTING JOB TITLE	RATE OF PAY		
STATE REASON FOR LEAVING OR DESIRING CHANGE			
FROM (MO. YR.)	TO (MO. YR.)	COMPANY NAME	BRIEFLY STATE YOUR DUTIES
COMPANY ADDRESS - TELEPHONE NUMBER			
PRESENT JOB TITLE	SUPERVISOR TITLE		
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STATE REASON FOR LEAVING OR DESIRING CHANGE			

**PLEASE READ CAREFULLY BEFORE SIGNING**

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I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the FPHA. I understand this decision is to rest with the FPHA.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the FPHA, and I understand that my employment and compensation can be terminated, with or without notice, at any time at the option of either the Agency or myself. I understand that no representative of the FPHA, other than the Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that completion of this Application For Employment does not guarantee that I have been employed by this Agency.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the FPHA until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand the Agency requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Agency's discretion. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests will result in withdrawal of any employment offer or termination of employment.

By my signature below, I hereby acknowledge I have read and understand the above statements. I hereby grant permission for the FPHA to confirm the information I have supplied both on this application as well as communicated verbally during any discussion about my application with an FPHA representative.

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Signature

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Date