

NAME

HOUSING AUTHORITY OF TEXARKANA TEXAS 1611 N. Robison Rd. Texarkana, TX 75501 (903) 838-8548

APPLICATION FOR EMPLOYMENT

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 lines blank. Resumes will be accepted for whatever additional information they might contain, but not in place of a complete application. The Housing Authority of Texarkana Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. This application becomes public record and is subject to disclosure. Be sure to sign the application when it is completed.

PHONE (

(LA	ST) (FIRST)	(MIDDLE INIT.)		(PRIMARY PHONE)		
ADDRESS(STREET)			PHONE (
		, , ,	ZIP)	(SECONDARY PHONE)		
EMAIL ADDRESS						
List any other names used if o	different from name on this application	on				
List exact title of position you	Do you have any relative and relationships.	Do you have any relatives working for this agency? If so, list names and relationships.				
Full Time Part Time	☐ Full Time ☐ Part Time ☐ Summer ☐ Temp/ Project Are you at least 17 years of age? ☐ Yes ☐ No					
Date Available for Work?	Date Available for Work? Salary Expected?					
Are you willing to work hours	other than 8-5? Tyes No If	yes, indicate when:				
Are you or anyone in your fan	nily participating in a Texarkana Hou	sing program, either as tenar	nt or landlord?	Yes No		
If yes, please explain:						
	d of a felony? Yes No If the court, and disposition of the court.					
	/ be required to provide proof of diplo D? Yes No If yes, name ar					
Type of School	Name and location of school	Dates attended (From To)	Did you graduate? (Yes or No)	List diploma or degree earned or major course of study		

SPECIAL SKILLS/QUALIFICATIONS: List all job related training or skills you possess as calculators, printing or graphics equipment, computer equipment, types of software	e and hardware. (A Dictation Write fluently	Attach additional pa	age, if necessary.)
	Write fluently	y?	
Approximately words per minute in: Typing What languages other than English do you:			
Speak fluently? Read fluently?	es: From:	To:	
MILITARY SERVICE: (ACTIVE DUTY) Branch Dat			
Are you in the Active Reserve? Yes No REFERENCES: Please provide the names of three persons you are not related to who	om you have know	n for at least one	year.
Name Address Pho	one Number	Years known	Relationship
PLEASE READ THE FOLLOWING STATEMENTS CAREF UNDERSTANDING AND ACCEPTANCE BY SIGNING I 1. I certify that all the information provided by me in connection with my application and I understand that any misstatement, falsification, or omission of information m 2. I understand that as a condition of employment, I will be required to provide legal 3. I understand that the Housing Authority will check with the Texas Department of the organizations, for any criminal history in accordance with applicable statutes 4. I authorize any of the persons or organizations referenced in this application to general employment, education, or any other information they might have, personal or of this application, and I release all such parties from all liability from any damages w 5. I understand and agree that, if hired, my employment is for no definite period are and salary, be terminated at any time without prior notice. Applicant Signature:	N THE SPACE PR , whether on this conduction that the proof of authorizate of Public Safety, to see the sound any and a give you any and a sutherwise, with regult from the see	ROVIDED document or not, is refusal to hire or, tion to work in the the Federal Burea all information congard to any of the om furnishing such s of the date of page.	if hired, termination. U.S. u of Investigation or accerning my previous subjects covered by a information to you.

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

- 1. <u>Include ALL employment for the past TEN (10) years. Begin with your current or last position and work back to your first.</u> Employment history should include **each position** held, even those with the same employer.
- 2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
- 3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and gualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name:		-		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Last		First		Middle Initial
May we contact your present er	mployer? 🗌 Yes 🔲	No N/A		
EMPLOYER: Mailing Address City, State/ ZIP 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:				Te uzi
Explain reason for leaving: EMPLOYER: Mailing Address City, State/ ZIP Phone #:		Type of Business:		Full Time Part Time Seasonal
EMPLOYER: Mailing Address City, State/ ZIP	Starting Date:	Type of Business: Starting Pay:	Leaving Date:	Part Time
EMPLOYER: Mailing Address City, State/ ZIP Phone #:				Seasonal

EMPLOYER:		Type of Business:		Full Time
Mailing Address City, State/ ZIP				Part Time Seasonal
Phone # :				
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
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Explain reason for leaving:				
EMPLOYER:		Type of Business:		Full Time
Mailing Address City, State/ ZIP Phone # :		31		Part Time Seasonal
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
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