

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.

NAME			PHONE () (PRIMARY PHONE)	
•	IST) (FIRST)	(MIDDLE INIT.)			
ADDRESS(STREET)	(CITY)	(STATE) (Z	PHONE ((SECONDARY PHONE)	
	(611)		,	(SESSIVE IN THORE)	
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 ☐ Summer ☐ Temp/ Project Are you at least 17 years of age? ☐ Yes ☐ No					
Date Available for Work?	Salary Ex	pected?			
Are you willing to work hours	other than 8-5? Yes No If	yes, indicate when:			
Are you or anyone in your fan	nily participating in a Texarkana Hou	sing program, either as tenar	it or landlord?	Yes No	
If yes, please explain:					
	d of a felony? Yes No It ation of the court, and disposition of t				
EDUCATION: Applicants may Did you graduate/ earn a GEI	y be required to provide proof of diplo D? Yes No If yes, name ar	oma, degree, transcripts, licer ad location of high school or G	nses, certifications GED institute.	s, and registrations.	
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	
				·	

Please list any current licenses/certifi	cations/registrations:			
SPECIAL SKILLS/QUALIFICATIONS as calculators, printing or graphics ed				
Approximately words per minute in: What languages other than English d		Dictation		
	Write fluer	Write fluently?		
MILITARY SERVICE: (ACTIVE DUT	Dates: From:	Dates: From: To:		
Are you in the Active Reserve?				
REFERENCES: Please provide the n	names of three persons you are no	t related to whom you have kn	own for at least one	e year.
Name	Address	Phone Number	Years known	Relationship
	READ THE FOLLOWING STATEN STANDING AND ACCEPTANCE			
 I understand that as a condition of a understand that the Housing A other organizations, for any criminal authorize any of the persons of employment, education, or any of this application, and I release all a understand and agree that, if he and salary, be terminated at any 	Itement, falsification, or omission of employment, I will be required to Authority will check with the Texasinal history in accordance with apper organizations referenced in this other information they might have such parties from all liability from a hired, my employment is for no de	of information may be grounds to provide legal proof of authorizes. Department of Public Safety dicable statutes. Application to give you any an personal or otherwise, with reany damages which may regardle finite period and may, regardle	for refusal to hire or ration to work in the ration to work in the ration to sure d all information co egard to any of the from furnishing sure ess of the date of p	r, if hired, termination. e U.S. au of Investigation or incerning my previous e subjects covered by ch information to you.
Applicant Signature:		Da	ite:	

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 qualifications 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:					
Last		First		Middle Initial	
May we contact your present en	nployer? 🗌 Yes 🗌	No			
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:					
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:					

EMPLOYER: Mailing Address		Type of Business:		Full Time Part Time
City, State/ ZIP				Seasonal
Phone #:				
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
Briefly describe your duties and	responsibilities below:	Who was/ is your immedia	ate Supervisor?	
Evolain reason for leaving				
Explain reason for leaving: EMPLOYER:		Type of Business:		Full Time
Mailing Address City, State/ ZIP Phone #:		Jr. v. v. v.		Part Time Seasonal
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
Briefly describe your duties and	responsibilities below:	Who was/ is your immedia	ate Supervisor?	
Explain reason for leaving:				
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 immedia	ate Supervisor?	
Explain reason for leaving:				
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EMPLOYER:		Type of Business:		Full Time Part Time
Mailing Address City, State/ ZIP				Seasonal
Phone #:				
Position:	Starting Date:	Starting Pay:	Leaving Date:	Ending Pay:
Briefly describe your duties and	responsibilities below:	Who was/ is your immedi	ate Supervisor?	
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