

THE HOUSING AUTHORITY OF THE CITY OF LANETT, AL

APPLICATION FOR EMPLOYMENT

APPLICATIONS WILL ONLY BE ACCEPTED FOR OPEN POSITIONS

Date: _____

Name _____ Social Security Number _____
Last First Mi

Present address _____
Street City State Zip Code

Phone number _____ email _____

Are you authorized to work in the United States? Yes ___ No ___

Have you ever worked for this company? Yes ___ No ___ if yes, when? _____

If related to anyone in our employment, state name, and department

Name Department

Employment Desired:

Position _____ Date You Can Start _____ Salary Desired _____

Are You Currently Employed? Yes ___ No ___ If Yes, May We Contact
Your Employer? Yes ___ No ___

Education	Name and Location of School	Years Attended	Date Graduated
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High School _____

College _____

Trade, Business Or
Correspondence School _____

Other Special Course Work (Employment, Workshop, Etc.) _____

List your last four employers, starting with the last one being listed first.:

Name & Address Of Employer	Salary	Position	Reason Left	Job Responsibilities
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the names, addresses, phone numbers, and the number of years acquainted of three persons not related to you whom you have known for at least one year.

Name	Address	Phone Number	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Contact _____

Name	Address	Phone
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In Case of Emergency Yes ___ No ___

If I Cannot Be Reached Yes ___ No ___

Driver's License: State _____ Number _____

Do You Have Transportation To Work? Yes ___ No ___

Are You Insurable? Yes ___ No ___

I confirm that the information herein is accurate to the best of my knowledge. Any misleading information can result in disqualification or termination of employment if hired. The information I have provided above is subject to verification for authenticity.

Signature _____ Date _____

Do not write below this line.

Interviewed by: _____

Remarks: _____