



ST. PETERSBURG HOUSING AUTHORITY APPLICATION FOR EMPLOYMENT
Human Resources Department

St. Petersburg Housing Authority (SPHA) is an equal opportunity employer. SPHA does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Have you ever been terminated from employment or asked to resign by an employer?
 Yes No

If **yes**, please provide company names and details _____

Can you work any shift? Yes No If no, explain: _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? Yes No If yes, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other _____

Have you ever worked for this company before? Yes No Explain _____

Do you know anyone who works for our company? Yes No

If yes, who? _____



| EDUCATION | Name and location of school | Degree Received | Subjects Studied/Major |
|--|-----------------------------|-----------------|------------------------|
| High School | | | |
| College or University | | | |
| Trade, Business or Correspondence School | | | |

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

| | | | |
|--------------------------------|----|---|-----------|
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | To | Employer Name | Telephone |



| | |
|--------------------------------|---|
| Job Title | Address |
| Immediate supervisor and title | Summarize the nature of work performed and job responsibilities |
| | |
| Reason for leaving | |

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

| Name | Address, Phone, Email | Company | Years Acquainted |
|------|-----------------------|---------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SPHA to hire me. If I am hired, I understand that either SPHA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SPHA has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to SPHA true and complete information on this application. No requested information has been concealed. I authorize SPHA to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.