



4700 Broadway
Galveston, TX 77551
(409) 765-1912
Fax 765-1911

Application For Employment

PLEASE READ CAREFULLY BE NEAT ANSWER ALL QUESTIONS USE BLACK INK

Name: _____
Last Name First Name Middle

Position Applying For: _____

Date Available: _____

TO ALL APPLICANTS: All applicants are given equal consideration based on skills, knowledge, and abilities described by the applicant in the application. Applicants are considered for employment without regard to race, color, religion, sex, marital status, age, national origin, disability, or any other legally protected status.

Offers for employment are contingent upon successful completion and validation of statements made in the application, proof of right to work in this country, physical examination, passing a pre-employment drug screen, and six month probationary period. All employment is for an indefinite period and can be terminated at any time by GHA without notice and without cause.

Applications are kept on file for 30 days or until hiring action for vacancy is completed. Applicants must submit a separate application for each position. Copies are acceptable but original signatures are required on the certification page. Complete application thoroughly. Incomplete applications will not be considered. Insert "NA" if a question is not applicable.

GENERAL INFORMATION

Social Security Number: _____ Phone Number: (____) _____ Other No. _____

Current Address: _____
(Street) (City) (State) (Zip Code)

How long have you lived at this address? _____ If less than two (2) years, give previous address: _____
How long at previous address? _____

Are you eighteen (18) years of age or older? () Yes () No; if not, can you provide proof of eligibility to work: () Yes () No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? () Yes () No
(Proof of citizenship or immigration status will be required prior to employment.)

Do you have family or personal duties, responsibilities, or relationships, which would in any way affect the following?

Your availability for work? () Yes () No; Your ability to comply with job responsibilities? () Yes () No; Your ability to
comply with the employer's work schedule: () Yes () No; (Normal work hours are 8 am - 5 pm, Monday -Friday)

What skills or experience do you have that will qualify you for this position? _____

Do you have professional training? () Yes () No What type? _____
(If you answered yes, be sure to list it in the "education" section.)

Have you previously applied for employment with GHA? () Yes () No; What year? _____

Have you been previously employed by GHA? () Yes () No; What year? _____ What Department: _____

Position: _____ Supervisor: _____

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY MEMBER OF THE BOARD OF COMMISSIONERS OR , EMPLOYEE (S) OF GHA? YES () NO (); IF YES, PLEASE LIST NAME(S) AND RELATIONSHIP: _____

Do you have any experience working with elderly persons? () Yes () No Explain when and in what capacity?

Do you prefer to work: () Full-time or () Part-time; What is your expected rate of pay? _____

If required, do you have an automobile and do you agree to maintain it in safe operating condition? () Yes () No

Will you travel if the job requires it? () Yes () No; Do you agree to maintain automobile insurability? () Yes () No

Driver's License No: _____ CLASS: _____ STATE: _____

Have you had any traffic accidents in the previous one-year period? () Yes () No; How many? _____

Were you issued a citation(s)? () Yes () No; How many and for what offence(s) ? _____

Have you ever been charged with DWI? () Yes () No; If yes, how many times and when? _____
(A conviction may not disqualify you, but a false statement will.)

Have you been convicted of a misdemeanor in the past 7 years or been convicted, or pled guilty or no contest to a felony offense, at any time? () Yes () No; If yes, what year(s) and what was the nature of the crime(s)?

Do you still have any kind of obligation as a result of conditions of probation or parole: () Yes () No; Explain: _____

EDUCATION

Do you have a High School Diploma ? _____ GED ? _____ If Not, Highest Grade Completed: _____

COLLEGE/UNIVERSITY	DATES		MAJOR/MINOR	DEGREE/HOURS EARNED
	FROM M/Y	TO M/Y		

BUSINESS SCHOOL

Professional/ technical licenses, registrations, certificates: _____

Other Skills or Training: _____

Specialized Skills: Calculator ___ Typewriter ___ Copier ___ Fax ___ PC ___ WordPerfect ___ MSWORD ___ Access ___ Excel ___
PowerPoint ___ Postage Machine ___

Are you bilingual? () Yes () No; Languages I SPEAK: _____ READ: _____ WRITE: _____

MILITARY SERVICE

Were you in the ARMED FORCES? () Yes () No; What Branch? _____ Dates of Service: _____
Rank upon Discharge: _____ Special training: _____

A copy of a report of separation (DD Form 214) from the Armed Services may be require.

EMPLOYMENT HISTORY

Begin with current or most recent employment. List all periods of employment. If more space is necessary, attach a continuation page. Complete each blank space. Incomplete applications will not be accepted. Do not write, "see resume" and attach a resume in place of completing this section of the application.

Employer: _____ Address: _____
Supervisor: _____ Phone: (____) _____
Your Job Title: _____ Date From: _____ To: _____
Rate Of Pay: _____ Did You Supervise? Yes ____ No ____ ; If Yes, how many? _____
Duties: _____
Reason For Leaving: _____

Employer: _____ Address: _____
Supervisor: _____ Phone: (____) _____
Your Job Title: _____ Date From: _____ To: _____
Rate Of Pay: _____ Did You Supervise? Yes ____ No ____ ; If Yes, how many? _____
Duties: _____
Reason For Leaving: _____

Employer: _____ Address: _____
Supervisor: _____ Phone: (____) _____
Your Job Title: _____ Date From: _____ To: _____
Rate Of Pay: _____ Did You Supervise? Yes ____ No ____ ; If Yes, how many? _____
Duties: _____
Reason For Leaving: _____

Employer: _____ Address: _____
Supervisor: _____ Phone: (____) _____
Your Job Title: _____ Date From: _____ To: _____
Rate Of Pay: _____ Did You Supervise? Yes ____ No ____ ; If Yes, how many? _____
Duties: _____
Reason For Leaving: _____

WHO REFERRED YOU TO GHA? _____

HOW DID YOU HEAR ABOUT THE JOB OPPORTUNITIES AT GHA?

Newspaper ____ Friend ____ Employee ____ Walk-in ____ Workforce Development ____ Other ____

PROFESSIONAL REFERENCES (Do not use previous supervisors or relatives)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

STATEMENT OF CERTIFICATION FOR EMPLOYMENT AT THE GALVESTON HOUSING AUTHORITY

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination, regardless of when it is discovered. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by GHA or myself, without notice and without cause.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by GHA. I understand that the reason for such testing is that GHA endeavors to provide a drug free workplace and to operate its business in a safe manner. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for employment. If hired, I agree to continued drug testing during any period of employment.

If I am employed, I agree to abide by GHA rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job being applied for requires attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I agree to report to my supervisor any and all job-related accidents and illnesses within twenty-four hours of occurrence, regardless of severity.

I understand that I may be asked to provide a police clearance (obtained from the law enforcement agency in whose jurisdiction I currently reside) as a part of the employment application process and that failure to do so will mean that I will not be further considered for employment. I understand that as a condition of employment, I will be required to provide legal proof of Authorization to work in the U.S.

SIGNATURE OF APPLICANT: _____ **DATE:** _____