



GREENSBORO HOUSING AUTHORITY

GHA 1404

EMPLOYMENT APPLICATION

(Revised 3-4-10)

PLEASE ANSWER ALL QUESTIONS USING EITHER BLUE OR BLACK INK.

Position Applied For - You MUST be specific		Date Available	Expected Earnings				
Name (First, Middle, Last)		Telephone Number	Social Security Number				
Present Address (No., Street, City, State, and Zip Code)							
Previous Address							
1) Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>							
2) Will you now or in the future require sponsorship for employment visa status, e.g. H1B status? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Have you been employed by the Greensboro Housing Authority before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list beginning and ending employment dates:		From: To:			
If you have been previously employed by Greensboro Housing Authority, what was your position?		Under what name?					
How were you referred to us?		Resident of GHA or Section 8 Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are a resident, what community?				
Names of relatives or friends employed by GHA:							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list both the state and the license #:						
CIRCLE HIGHEST GRADE COMPLETED:							
Grade School: 1 2 3 4 5 6 7 8		High School: 9 10 11 12 GED		College: 1 2 3 4			
Education	Name of School and Location (City)	Course of Study	Dates From To	Day or Night	Years Completed	Did You Graduate?	Degree Received
High School							
College or University							
Graduate School							
Military School							
Other							
Other							
Any Professional affiliations? If so, please list. Exclude those whose titles indicate race, creed, color, or national origin.							

Post Office Box 21287
Greensboro, North Carolina 27420
336-275-8501

EMPLOYMENT HISTORY - Please answer all questions.

Start with your present employer and work back.

Company Name		Your Title	
Company Address			
Date Started:	Date Left:	Last Salary:	Full-time: Yes___ No___ Number of hours:
May we contact your present employer?		Supervisor's Name	Telephone (include area code)
Description of your duties and responsibilities:			
Reason for Leaving:			

Company Name		Your Title	
Company Address			
Date Started	Date Left	Last Salary	Full-time Yes_ No_ No. of hours
Supervisor's Name			Telephone (include area code)
Description of your duties and responsibilities:			
Reason for Leaving:			

Company Name		Your Title	
Company Address			
Date Started	Date Left	Last Salary	Full-time Yes_ No_ No. of hours
Supervisor's Name			Telephone (include area code)
Description of your duties and responsibilities:			
Reason for Leaving:			

Company Name		Your Title	
Company Address			
Date Started	Date Left	Last Salary	Full-time Yes_ No_ No. of hours
Supervisor's Name			Telephone (include area code)
Description of your duties and responsibilities:			
Reason for Leaving:			

How many other companies have you worked for?

Please answer all questions.

Describe particular projects or work assignments that you have especially liked:

Answer Only if Applicable:

MILITARY SERVICE: Branch:

Highest Rank:

Dates: From _____ To _____ Are you a member of any reserve unit? Yes _____ No _____ If yes, name unit:

Briefly describe the nature of your duties:

FOR CLERICAL APPLICANTS: What office machines can you operate?

Can you type? Yes _____ No _____ If yes, how many words per minute?

Can you take dictation? Yes _____ No _____ If yes, how many words per minute?

Please discuss your computer skills and what software products you are proficient.

List three business related references:

Name	Title	Company	Telephone # (include area code)

List specific skills, equipment, software, etc. that may be relevant to the position for which you are applying:

List all the licenses and/or certifications that you have by type, state issued, number and status:

Have you ever been arrested or convicted of a crime other than minor traffic violations? Yes _____ No _____ If yes, state offense, date, and location:

Do you have other employment, or do you own or operate a business that would continue if you were to be employed here? Yes _____ No _____ If yes, please explain:

Is there any other information you wish to add to this application? If so, please add it here:

INSTRUCTIONS TO APPLICANT

We are pleased that you have chosen to apply for a job with the Greensboro Housing Authority (GHA). GHA offers many challenging work opportunities.

The Greensboro Housing Authority is an Equal Employment Opportunity employer. It is the policy of GHA to consider all applicants for employment based on their qualifications for job vacancies. GHA fully complies with all applicable laws which prohibit discrimination on the basis of race, color, religion, sex, national origin, age, or disability.

If you need a job application in an alternative accessible format, or if at any time during the interview or hiring process you require an auxiliary aid or accommodation, please contact GHA's Human Resources Manager within a reasonable period prior to the time you will require such aid or accommodation.

In order for you to receive full consideration for employment opportunities at GHA, please be certain to fill in all the spaces on GHA's application form. If any information is missing, your application may be rejected. If you need assistance, please ask the receptionist or call the Human Resources Manager at 336-275-8501 or TDD# 336-271-3319 (for hearing impaired).

I understand that if I am hired by GHA, my employment and compensation can be terminated at any time with or without cause and with or without notice, at the option of either the employer or myself.

If I am selected for the position applied for, I will be required to submit to a drug screen test and may be required to submit to a physical examination. Refusal to take these tests will eliminate my application for consideration or terminate my employment.

Please indicate below the schedule of work you will accept:

I am interested in: (Please check all that apply)	Full-time regular employment	_____
	Part-time regular employment	_____
	Full-time temporary employment	_____
	Part-time temporary employment	_____
	Emergency job pool	_____

Signed _____

Date _____

No qualified individual with disabilities shall, solely on the basis of disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity receiving federal financial assistance.

ALL APPLICATIONS MUST BE SUBMITTED TO THE CENTRAL OFFICE AT 450 NORTH CHURCH STREET OR POST OFFICE BOX 21287, GREENSBORO, NORTH CAROLINA 27420.

The Greensboro Housing Authority (GHA) is an equal opportunity employer and selects the best individual matched for the job based upon job-related qualifications regardless of race, color, creed, sex, national origin, age, handicap, or other protected groups under state, federal, and local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment. If a résumé is submitted, it will become part of the application.
2. It is my understanding that GHA will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by GHA, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal. I understand that any and all certifications, licenses and degrees will be verified as a condition of employment. Social networking sites (Face book, Twitter, My Space, etc.) may be checked to determine if they would be a deterrent to employment.
3. I agree that my employment may be terminated by GHA at any time without liability for wages or salary except for that which may have been earned at the date of such termination. I agree to take a physical examination at any time at GHA's expense to determine if I am physically fit for the job I am performing.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule or, a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that GHA can change wages, benefits, and conditions at any time.

I have read and understand the above.

Date: _____ Signature: _____

A DRUG SCREEN IS REQUIRED FOR ALL APPLICANTS WHO ARE OFFERED A POSITION WITH THE GREENSBORO HOUSING AUTHORITY.