

# BRENHAM HOUSING AUTHORITY

# APPLICATION FOR EMPLOYMENT

Brenham Housing Authority (BHA) is an equal opportunity employer who, in accordance with State And Federal laws, prohibits discrimination on the basis of age, race, color, creed, religion, gender, national origin, citizenship, disability, medical condition (cancer or otherwise), marital status, sexual orientation, ancestry, socioeconomic status, veteran status, or any other protected category. The following information is requested in order to help us make the best possible placement within BHA. All portions of this application must be completed. Failure to do so may result in disqualification of your application for employment.

Date: \_\_\_\_\_

PLEASE PRINT

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number – Day ( )	Telephone Number – Evening ( )	Driver's License Number	Social Security Number

Type of employment desired:       Full Time       Part Time       Temporary  
Number of Hours desired \_\_\_\_\_

Position for which applying? \_\_\_\_\_

Referral Source:       Advertisement \_\_\_\_\_ name of paper       Employee \_\_\_\_\_ name  
 Agency \_\_\_\_\_ name       Unsolicited Resume  
 Other \_\_\_\_\_       Prior consulting or temporary assignment

Are you over 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you legally entitled to work in the US? <small>(In compliance with Federal laws, verification of identity and legal work authorization will be required upon employment.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever worked for BHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Have you ever been convicted of a crime? <small>(Conviction will not necessarily disqualify an applicant from employment.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain and list date(s) _____			
Can you work weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you work shifts?	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd
If you receive an offer, when can you start?	_____	Pay desired \$	_____

## SALES APPLICANTS ONLY

Do you have the use of a car for work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## EDUCATIONAL BACKGROUND

Name	Location (city, state)	Number of Years Attended	Did You Graduate (Yes/No)	Degree	Major
HIGH SCHOOL					
COLLEGE					
GRADUATE					
OTHER					

## REFERENCES

List the name and phone number of two references. References should not be related to you and should not be previous supervisors already listed under employment history.

Name	Daytime phone	Relationship	Years Known
	( )		
	( )		

## EMPLOYMENT HISTORY

This information must be completed even if a resume is attached. Please account for any gaps in employment.

Dates Employed From To		Current or Last Position			Please summarize the nature of the work performed:
Employer		Address			
Immediate Supervisor/Title		Telephone ( )			
Reason For Leaving			May We Contact For a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual/Hourly Salary	Draw	Commission	Bonus	Total Compensation	

Dates Employed From To		Previous Position			Please summarize the nature of the work performed:
Employer		Address			
Immediate Supervisor/Title		Telephone ( )			
Reason For Leaving					
Annual/Hourly Salary	Draw	Commission	Bonus	Total Compensation	

Dates Employed From To		Previous Position			Please summarize the nature of the work performed:
Employer		Address			
Immediate Supervisor/Title		Telephone ( )			
Reason For Leaving					
Annual/Hourly Salary	Draw	Commission	Bonus	Total Compensation	

Dates Employed From      To		Previous Position			Please summarize the nature of the work performed:
Employer		Address			
Immediate Supervisor/Title		Telephone (      )			
Reason For Leaving					
Annual/Hourly Salary	Draw	Commission	Bonus	Total Compensation	

Dates Employed From      To		Previous Position			Please summarize the nature of the work performed:
Employer		Address			
Immediate Supervisor/Title		Telephone (      )			
Reason For Leaving					
Annual/Hourly Salary	Draw	Commission	Bonus	Total Compensation	

COMMENTS (including explanation of any gaps in employment)

### SKILLS INFORMATION

Computer Skills:

Hardware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Software: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foreign Language(s) List  
(if applicable to job)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Written

Spoken

- Supervisory
- Secretarial
- Data Entry
- Plumbing
- HVAC
- Carpentry

- Electrical
- Typing \_\_\_\_\_ WPM
- Shorthand \_\_\_\_\_ WPM
- Housing \_\_\_\_\_
- Other \_\_\_\_\_

## APPLICANT STATEMENT

I certify that the information provided by me is factual and complete to the best of my knowledge.

I authorize verification of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I give BHA the right to investigate my background at any time. I release BHA and its officers, employees, agents, and affiliates from any and all liability of whatsoever nature by reason of requesting such information from any person.

I authorize and request any and all of my former employers, and any other persons, companies or organizations (including credit bureaus, schools, and law enforcement agencies) to furnish any information about me requested by BHA. I release each such employer and each such other person, company or organization from any and all liability of whatsoever nature by reason of furnishing such information to BHA and any agent acting on its behalf furnishing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, and that I have no contractual right, expressed or implied, to remain an employee of BHA. I agree to conform to all policies and procedures of BHA, and agree that my employment and compensation can be terminated with or without notice, at any time, at the option of BHA or myself. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I will, upon BHA's request, provide documents to establish my identity and eligibility to work in the United States.

I hereby certify that I have read and understand the foregoing statements, and that each of my responses thereto is true and complete. Further, I understand that any false or misleading information given in my application or interview(s) may result in refusal of employment or discharge from BHA if I am employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date