APPLICATION FOR EMPLOYMENT

RETURN TO: Greater Gadsden Housing Authority (GGHA) 422 Chestnut Street P O BOX 1219 Gadsden, AL 35902-1219

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

POSITION TITLE						
Title of Position Applied For: Date Available		e to Begin:				
NAME AND ADDRESS						
Name (First, MI, Last)	5	Social Security	Number			
Mailing Address	,					
City, State, and Zip Code						
Home Phone Cell Phone						
Email						
ADDITION	AL INFORMATION					
Should you need accommodations due to a health problem Executive Director at (256) 547-2501.		e application p	rocess, you must contact the			
Have you been employed by this organization in the past?			() Yes () No			
Have you ever been involuntarily terminated, discharged, for	ced or asked to resign fror	n any job?	() Yes () No			
If Yes, please attach explanation:			1			
I certify that I am a U.S. citizen, or a foreign national with authorization to work in the United States.			() Yes () No			
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a misdemeanor or felony, other than minor traffic violations?			() Yes () No			
If Yes, please explain (attach additional page if necessary):						
NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION PRIOR TO EMPLOYMENT. FAILURE TO DISCLOSE A CONVICTION WILL BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.						
Do you have a valid driver's license? () Yes () No	Driver's license number		Issued in what State?			
Have you had any accidents in the past three years?			How Many?			
Have you had any moving violations in the past three years?		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Do you have any relatives working for GGHA? () Yes () No If yes, list name and relationship below:						
Do you do business with the GGHA? () Yes () No If y	es, explain below::					

School	Location (mailing Address)	Years	Major/	Degree or
		Completed	Subject of Study	Diploma
High School				
College/University	y			
Specialized Train	ing, Trade School, Military, etc.			
Professional Lice	nse and/or Certifications (List below)			
		NATIVOE.		
See Resume	WORK EXPER () Check here if resume is attached with bel			
		ow information	if necessary.	
	() Check here if resume is attached with bel	ow information	if necessary.	Hrs/week
Please list ALL work Company	() Check here if resume is attached with belk experience beginning with your most recent job	ow information held. Attach additional sheets ne of last Supervisor	if necessary. Starting Salary	Hrs/week
Please list ALL work Company Address	() Check here if resume is attached with belk experience beginning with your most recent job Nar Star	ow information held. Attach additional sheets ne of last Supervisor t Date		Hrs/week
Please list ALL work Company Address City, State, and Zip (() Check here if resume is attached with belk experience beginning with your most recent job Nar Star Code End	ow information held. Attach additional sheets ne of last Supervisor t Date	Starting Salary	Hrs/week
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Please list ALL work Company Address City, State, and Zip O	() Check here if resume is attached with belk experience beginning with your most recent job Nar Star Code End You	ow information held. Attach additional sheets ne of last Supervisor t Date Date	Starting Salary	Hrs/week
Please list ALL work Company Address City, State, and Zip O Phone Number Reason for Leaving O	() Check here if resume is attached with belk experience beginning with your most recent job Nar Star Code End You	ow information held. Attach additional sheets me of last Supervisor t Date Date ur last job title	Starting Salary Final Salary	
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Company	WORK EXPE	Name of last Sup			Hrs/week
Address		Start Date		Starting Salary	<u>I</u>
City, State, and Zip Code		End Date		Final Salary	
Phone Number		Your last job title	2		
Reason for Leaving (be Spec	cific)				
List the Jobs you held, dutie	es performed, skills used or learned	l, advancements or pr	omotions, while	e you worked at this	s company.
May we contact this employ		RIENCE (continu			Hrs/week
			Delvisoi	G: G.1	HIS/ WEEK
Address		Start Date			
City, State, and Zip Code		End Date	, and the second		
Phone Number		Your last job title	our last job title		
Reason for Leaving (be Spec	cific)	1			
	es performed, skills used or learned	l, advancements or pr	omotions, while	you worked at this	s company.
May we contact this employ					
List three reliable acquaintage	nces, not relatives or present emplo	ERENCES oyer, who can provid	e personal refer	ence.	
Name	Address and Phone Numb			es of acquaintance	

Job Skills/Qualifications	
Please list below the skills and qualifications you possess for the position for which you	ou are applying.
EQUAL EMBLOVMENT OPPODITING YEAR TEMENT.	
EQUAL EMPLOYMENT OPPORTUNITY STATEMENT: The Greater Gadsden Housing Authority provides equal employment opportunities to all qualified person	ns without regard to race.
color, national origin, age, sex, preceived sexual orientation, gender identity, marital status, religion, fam	
EXAMINATIONS	
Examinations may consist of an evaluation of training and experience as reported on the application, a w	ritten test, a performance
test, an oral interview or a combination of these. Note: Job posting will specify if any written test or pe	
for a particular position.	
Disclosure	
GGHA is a drug free workplace and all prospective employees are subject to drug testing prior to offer o	f employment and once
employed, subject to random drug testing in accordance with the GGHA's Employee Handbook.	
CERTIFICATION	1 1
I certify that all answers and statements on or attached to this application are true and correct to knowledge. I understand that if employed, false or misleading information on this application is	
dismissal. I further authorize the release of all relevant prior employment, military service, academic dismissal.	
criminal records. I authorize the investigation of all statements made and references listed by r	ne herein, to give the
GGHA staff, information for the purpose of consideration of my employment. I hereby release	
parties contracted, for the purpose above stated, from any liability in connection with the invest understand and agree that my employment is AT-Will and that my employment may be terminated to the contracted of the purpose above stated, from any liability in connection with the investigation of the purpose above stated, from any liability in connection with the investigation of the purpose above stated, from any liability in connection with the investigation of the purpose above stated, from any liability in connection with the investigation of the purpose above stated.	
the GGHA at any time with or without cause.	yy 5512 61
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Applicant's Signature	Date