

EMPLOYMENT
APPLICATION

SOUTH PITTSBURG HOUSING
AUTHORITY

214 ELM AVENUE
SOUTH PITTSBURG, TN 37380
423-837-6600

Employment Application

Last Name, First Initial:

Today's Date:

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Facsimile number

E-mail address

Social security number

Driver's license number/state/expiration

(if job involves any driving)

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Education

Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma
High School			
Undergraduate College			
Graduate/Professional			
Other (Specify)			

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please explain:

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1. Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
Address				1. _____ 2. _____ 3. _____ 4. _____
City, State, Zip		Starting Salary	Ending Salary	
Phone number				
Fax number		Supervisor(s)		
Job position(s)		E-mail address of supervisor		
Reason(s) for leaving				
What value did you add to this company or its customers?				

2. Employer		Start Date	End Date	Essential job functions of final position
Address				1. _____ 2. _____ 3. _____ 4. _____
City, State, Zip		Starting Salary	Ending Salary	
Phone number				
Fax number		Supervisor(s)		
Job position(s)		E-mail address of supervisor		
Reason(s) for leaving				
What value did you add to this company or its customers?				

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Employment Application

Employment History

3.

Employer	Start Date	End Date	Essential job functions of final position
Address			1. _____ 2. _____ 3. _____ 4. _____
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			

4.

Employer	Start Date	End Date	Essential job functions of final position
Address			1. _____ 2. _____ 3. _____ 4. _____
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			

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Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

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Identify what skills or certification you possess related to this position:

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If you are hired, what value would you add to our company?:

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Describe what you believe are the most unique features of your work history:

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Employment Application

Additional Information

Have you ever been employed with this company before?
If Yes, when? -----

Yes No

Do you have any friends or relatives employed by this company?
If Yes, please provide their names and relationship to you: -----

Yes No

Are you currently employed?

Yes No

May we contact your employer?

Yes No

Are you currently on "lay off" status and subject to recall?

Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?

Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?

Yes No

If Yes, please explain: -----

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUJ)"

Yes No
 N/A

If hired, do you have a reliable means of transportation to and from work?

Yes No

If hired, would you be able to travel or work overtime as needed?

Yes No

Employment Application

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

PLEASE USE ADDITIONAL PAPER IF NECESSARY