



# St. Louis Housing Authority Employment Application

**THE ST. LOUIS HOUSING AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER**

**General Instructions:**

- A.** Carefully review the notice of position vacancy announcement to be sure that you meet the necessary qualifications for the job.
- B.** Print clearly or typewrite information.
- C.** A separate application must be filed for each position in which you are interested.
- D.** Notify the Human Resources Division of any change in your name or address.
- E. CAUTION:** Give complete and concise answers to all questions. You can be credited only with the education and experience shown on this application and any required supplementary form. You must be able to substantiate any statement made on this form.

1. **Exact Title** of position for which you are applying: (See Notice of Position Vacancy Announcement)

\_\_\_\_\_

2. **Today's Date** \_\_\_\_\_

3.

|                  |                         |                  |                               |
|------------------|-------------------------|------------------|-------------------------------|
| <b>Last Name</b> | <b>First Name</b>       | <b>Middle</b>    | <b>Social Security Number</b> |
| <b>Address</b>   | <b>City, State, Zip</b> | <b>Tel: Home</b> | <b>Tel: Business</b>          |

4. Are you a resident in the City of St. Louis?  Yes  No

5. Do you have a relative employed with the St. Louis Housing Authority?  Yes  No

6. Have you ever been employed by the St. Louis Housing Authority?  Yes  No If yes, please be sure to list the employment in the section under Employment History.

7. Have you ever been enrolled in an educational institution or employed under any other name, such as a prior legal name or maiden name, etc?  Yes  No If yes, please give name used. \_\_\_\_\_

8. Are you a tenant of public housing?  Yes  No Where? \_\_\_\_\_  
 Have you ever been a tenant?  Yes  No Where? \_\_\_\_\_

9. Do you have any physical condition, which may limit your ability to perform the job for which you are applying or which would require an accommodation in the examining process?  Yes  No If yes, explain under **"Remarks"** section.

10. Have you ever been convicted, found guilty or pleaded guilty to a crime in a civil or military court or have you ever been fined, placed on probation or have you ever forfeited collateral for breach or violation of any law ordinance or police or traffic regulation or do you now have any charges pending against you?  Yes  No If yes, list such cases under **"Remarks"** and in each case give (1) the date, court and location, (2) the nature of the offense or violation, (3) the penalty imposed, if any or other disposition of the case. A conviction does not automatically eliminate you from employment. The nature of the crime and the type of job for which you are applying will be considered in reviewing your answer. Applicants for positions requiring driving as a part of the job will be required to list all offenses, including minor traffic offenses.

11. Are you a citizen of the United States?  Yes  No If no, do you have a permanent resident status?  Yes  No  
 Proof of permanent resident status will be required.

12. Have you ever served in the armed forces?  Yes  No If yes, complete the following:  
 Branch of Service (Check):  Army  Coast Guard  Marine Corps  Navy  Air Force  
 Dates of Service: Entered \_\_\_\_\_ Discharged \_\_\_\_\_

13. If you are applying for a position which requires a professional license, certificate or registration, including operator's or chauffeur's license, complete the following:

What kind of license or certificate do you have? \_\_\_\_\_ Number \_\_\_\_\_  
 Where issued \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

14. Do you have any objections to having your present employer contacted regarding your qualifications?  Yes  No

15. **WORK HISTORY** (Include military and volunteer experience relating to the position for which you are applying).

- A. **PLEASE COMPLETE.** You can be credited only with the education and experience shown on this application and any requirements for this position and/or to compute your rating of experience and training.
- B. Start with your present employment (if unemployed, your most recent employment) and list your employment record.
- C. If you held more than one job for the same employer, list each job as a separate period of employment.

**Note: This section of the application must be completed even though the applicant may elect to attach additional material, e.g., resumes, vita or addenda. An incomplete application may result in the application being rejected or delayed which could result in a lost job opportunity. Therefore, please check to ensure that each item has been completed.**

**Present or Most Recent Employment**

|   |   |  |
|---|---|--|
| Date Employed _____<br>Month _____ Year _____                   | Job Title _____<br>_____                            | Number of Employees Supervised _____<br>_____  |
| Date Separated _____<br>Month _____ Year _____                  | Present Name and Address of Employer _____<br>_____ | Reason for Leaving (Check One):<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Layoff<br><input type="checkbox"/> Other (Explain) _____ |
| Number of hours Worked per week _____                           | Kind of Business _____                              |  |
| Total length of Time employed _____<br>Years _____ Months _____ | Name and Title of Supervisor _____<br>_____         |  |
| Salary Starting _____ Final _____                               |   |  |

**Description of duties:** Describe your duties and responsibilities in detail, (including equipment, materials and tools used, if any).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Next Most Recent Employment**

|   |   |  |
|---|---|--|
| Date Employed _____<br>Month _____ Year _____                   | Job Title _____<br>_____                            | Number of Employees Supervised _____<br>_____  |
| Date Separated _____<br>Month _____ Year _____                  | Present Name and Address of Employer _____<br>_____ | Reason for Leaving (Check One):<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Layoff<br><input type="checkbox"/> Other (Explain) _____ |
| Number of hours Worked per week _____                           | Kind of Business _____                              |  |
| Total length of Time employed _____<br>Years _____ Months _____ | Name and Title of Supervisor _____<br>_____         |  |
| Salary Starting _____ Final _____                               |   |  |

**Description of duties:** Describe your duties and responsibilities in detail, (including equipment, materials and tools used, if any).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Next Most Recent Employment**

|   |   |   |
|---|---|---|
| Date Employed _____<br>Month _____ Year _____ | Job Title _____<br>_____                            | Number of Employees Supervised _____<br>_____ |
|   | Present Name and Address of Employer _____<br>_____ |   |



