



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.

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

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

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

Next Most Recent Employment

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

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

Next Most Recent Employment

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

Date Separated _____
Month Year
Number of hours _____
Worked per week _____
Total length of _____
Time employed _____
Years Months
Salary Starting _____ Final _____

Kind of Business _____

Name and Title of Supervisor _____

Reason for Leaving (Check One):
 Resignation
 Layoff
 Other (Explain) _____

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

Special Employment Notice To Disabled Veterans, Vietnam Era Veterans, And Individuals With Physical Or Mental Handicaps

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below. _____Handicapped Individual _____Disabled Veteran _____Vietnam Era Veteran

Signed _____

Have you ever been dismissed or forced to resign from any position other than those listed above? Yes No **If the answer is yes, please explain under Remarks, Item 17, page 4.**

NOTE: FAILURE TO INCLUDE ALL INFORMATION REGARDING DISMISSAL OR FORCED RESIGNATION WILL RESULT IN THE REJECTION OF YOUR APPLICATION. If more space is required to adequately describe your experience, attach full sheets and write on each sheet your name and position for which you are applying; use the same format as above.

16. EDUCATIONAL/TRAINING HISTORY

Give your complete educational history below. (The "REMARKS", see page 4, may be used to explain special courses, etc.)
Check the last grade completed: High School Equivalence Certificate (G.E.D.)? Yes No Year _____
High School 1 2 3 4 Did you graduate? Yes No Year _____

Name of High School _____ Dates of Attendance From _____ To _____
Location of High School _____

Indicate number of years of specialized courses:
Typing _____ Data Entry (Key punching) _____ Shorthand _____
Bookkeeping _____ Drafting _____ Mechanical Drawing _____

College and University (undergraduate, graduate, professional)

| Name and Location | From | | To | | Total Semester Hours | Major Subjects | Degree and Date Received |
|-------------------|-------|------|-------|------|----------------------|----------------|--------------------------|
| | Month | Year | Month | Year | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Indicate the number of semester hours of college credit you have in each of the subject matter areas which are most related to this position.

| Subject | Hours | Subject | Hours | Subject | Hours |
|---------|-------|---------|-------|---------|-------|
| | | | | | |
| | | | | | |

Special Education/Training (business, trade, service schools, internships, residencies, etc.)

| Name and Location | From | | To | | Indicate (Yes/No) | | List Subjects and Hours Completed | Date Graduated |
|-------------------|-------|------|-------|------|-------------------|-----------|-----------------------------------|----------------|
| | Month | Year | Month | Year | Full-time | Part-time | | |
| | | | | | | | | |
| | | | | | | | | |

If there is an educational requirement on the examination announcement, proof of the education must be submitted at the time requested.

17. REMARKS

If additional space is needed attach additional full sheets with your name and position title listed on each sheet.

18. AUTHORIZATION FOR RELEASE: I hereby authorize the St. Louis Housing Authority to make such investigations and inquiries as to my character, employment record and conviction, for matters as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the St. Louis Housing Authority.

19. CERTIFICATE OF APPLICANT: (Read Carefully Before Signing.)
 I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement or omission of material fact will subject me to disqualification or dismissal. I approve the above authorization for release. Before signing please check to ensure that all questions have been answered in a thorough manner. **Remember, any incomplete may result in the application being rejected or delayed, which could result in a lost job opportunity.**

Date _____ Signature _____

APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED

Do Not Write Below This Line

For Office Use Only

| Req # | Job Post # | Section 3 App | Test Results | | | | | | Offer Letter Sent | Hire Date |
|-------|------------|---------------|-----------------|-------|---------|----------|------|--------|-------------------|-----------|
| | | | Skills Profiler | Excel | Grammar | Spelling | Math | Typing | | |
| | | | | | | | | | | |