

# Housing Authority of the City of Raleigh

P.O. Box 28007 \* 900 Haynes Street \* Raleigh, NC 27611-8007

## APPLICATION FOR EMPLOYMENT

To be considered for employment, applicants must answer **all** questions and complete **all** of this application. Applicants will receive consideration on the basis of occupational qualifications, education and character without regard to age, sex, race, creed, color, religion, national origin, disability, political or labor affiliation or veteran status.

PLEASE PRINT OR TYPE

Date of application: \_\_\_\_\_

I.

|  |
|--|
| POSITION APPLIED FOR: _____<br>Limit one position per application. |
|--|

|                               |          |               |                |                                  |                |
|-------------------------------|----------|---------------|----------------|----------------------------------|----------------|
| Last Name                     |          | First         |                | Middle                           |                |
| Present Address (No. Street)  |          |               | City           |                                  | County         |
| State                         | Zip Code | Email address |                | Phone (where you can be reached) | Business Phone |
| Previous Address (No. Street) |          |               | City/State/Zip |                                  | County         |

Are you a U.S. citizen and/or legally authorized to work in the U.S.?  Yes  No

Are you now or have you ever been employed by the Raleigh Housing Authority?  Yes  No

If yes, position held? \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Are you related by blood or marriage to any person working for the Housing Authority?  Yes  No

If yes, give the names and relation to you: \_\_\_\_\_ / \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Check the types of work you will accept:  Full-time  Part-time  Temporary  Any of the preceding

If you are not available for work now, enter the earliest date you could begin (mo/day/yr): \_\_\_/\_\_\_/\_\_\_ Salary expected: \_\_\_\_\_

May inquiry be made of your present employer regarding your character, qualifications, etc?  Yes  No

Have you ever been dismissed or forced to resign from any position?  Yes  No

If yes, explain (attach additional sheet if needed): \_\_\_\_\_

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  Yes  No

If yes, explain (attach additional sheet if needed): \_\_\_\_\_

II.

### SPECIAL REQUIREMENTS

Some positions require the employee to take a pre-employment drug test or physical, hold a valid N.C. Driver's License and/or use a private automobile in assuming major duties and responsibilities.

Are you willing to take a pre-employment physical or blood test?  Yes  No

Do you have reliable transportation?  Yes  No

Do you have a valid N.C. Driver's License?  Yes  No

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

III.

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4  
 Under S/Q hours, list the hours of credit received and if they were semester (S) or quarter (Q) hours.

| Schools (Name & Location)                                   | Dates Attended<br>From: To: | Grad? | S/Q Hours<br>Course of Study | Type of<br>Degree/Diploma |
|---|-----------------------------|-------|------------------------------|---------------------------|
| High School   |                             |       |                              |                           |
| College(s)<br>University(ies)                               |                             |       |                              |                           |
| Graduate or<br>Professional                                 |                             |       |                              |                           |
| Other educational, vocational<br>schools, internships, etc. |                             |       |                              |                           |

Current professional status: (List fields of work for which you have been registered)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Licenses and certifications (List, giving dates and sources of issuance): \_\_\_\_\_

List special qualifications and skills you possess which are related to the position for which you are applying: \_\_\_\_\_

**For Clerical Applicants Only**

CHECK the following skills, experience, etc. which you have:

- Adding Machine/Calculator       Shorthand/Speedwriting (specify WPM) \_\_\_\_\_  Other \_\_\_\_\_
- Typing (specify WPM) \_\_\_\_\_  Word Processing Skills \_\_\_\_\_

IV.

**WORK HISTORY** Answer all items for each period of employment. Begin with your present or last employment. Provide a minimum of 10 years work history. Use additional sheets if necessary.

|  |       |  |                    |                                     |                   |                     |                        |
|--|-------|--|--------------------|-------------------------------------|-------------------|---------------------|------------------------|
| 1. Current or Last Employer:                   |       |  |                    | Address:                            |                   |                     |                        |
| Job Title:                                     |       |  | Supervisor's Name: |                                     | Telephone Number: |                     | No. Supervised by you: |
| Date Employed (mo/yr):                         |       | Starting Salary:<br>\$ per                                 |                    | Ending or Current Salary:<br>\$ per |                   | Reason for Leaving: |                        |
| Date Separated (mo/yr):                        |       | List major duties in order of their importance in the job: |                    |                                     |                   |                     |                        |
| Full Time                                      | Years | Months   |                    |                                     |                   |                     |                        |
| Part Time                                      | Years | Months   |                    |                                     |                   |                     |                        |
| If part time, number of hours worked per week: |       |  |                    |                                     |                   |                     |                        |

|  |       |  |                    |                                     |                   |                     |                        |
|--|-------|--|--------------------|-------------------------------------|-------------------|---------------------|------------------------|
| 2. Employer:                                   |       |  |                    | Address:                            |                   |                     |                        |
| Job Title:                                     |       |  | Supervisor's Name: |                                     | Telephone Number: |                     | No. Supervised by you: |
| Date Employed (mo/yr):                         |       | Starting Salary:<br>\$ per                                 |                    | Ending or Current Salary:<br>\$ per |                   | Reason for Leaving: |                        |
| Date Separated (mo/yr):                        |       | List major duties in order of their importance in the job: |                    |                                     |                   |                     |                        |
| Full Time                                      | Years | Months   |                    |                                     |                   |                     |                        |
| Part Time                                      | Years | Months   |                    |                                     |                   |                     |                        |
| If part time, number of hours worked per week: |       |  |                    |                                     |                   |                     |                        |

|  |  |                                     |                     |                   |                        |
|--|--|-------------------------------------|---------------------|-------------------|------------------------|
| 3. Employer:                                   |  |                                     | Address:            |                   |                        |
| Job Title:                                     |  | Supervisor's Name:                  |                     | Telephone Number: | No. Supervised by you: |
| Date Employed (mo/yr):                         | Starting Salary:<br>\$ per                                 | Ending or Current Salary:<br>\$ per | Reason for Leaving: |                   |                        |
| Date Separated (mo/yr):                        | List major duties in order of their importance in the job: |                                     |                     |                   |                        |
| Full Time                                      | Years  | Months                              |                     |                   |                        |
| Part Time                                      | Years  | Months                              |                     |                   |                        |
| If part time, number of hours worked per week: |  |                                     |                     |                   |                        |

|  |  |                                     |                     |                   |                        |
|--|--|-------------------------------------|---------------------|-------------------|------------------------|
| 4. Employer:                                   |  |                                     | Address:            |                   |                        |
| Job Title:                                     |  | Supervisor's Name:                  |                     | Telephone Number: | No. Supervised by you: |
| Date Employed (mo/yr):                         | Starting Salary:<br>\$ per                                 | Ending or Current Salary:<br>\$ per | Reason for Leaving: |                   |                        |
| Date Separated (mo/yr):                        | List major duties in order of their importance in the job: |                                     |                     |                   |                        |
| Full Time                                      | Years  | Months                              |                     |                   |                        |
| Part Time                                      | Years  | Months                              |                     |                   |                        |
| If part time, number of hours worked per week: |  |                                     |                     |                   |                        |

|  |  |                                     |                     |                   |                        |
|--|--|-------------------------------------|---------------------|-------------------|------------------------|
| 5. Employer:                                   |  |                                     | Address:            |                   |                        |
| Job Title:                                     |  | Supervisor's Name:                  |                     | Telephone Number: | No. Supervised by you: |
| Date Employed (mo/yr):                         | Starting Salary:<br>\$ per                                 | Ending or Current Salary:<br>\$ per | Reason for Leaving: |                   |                        |
| Date Separated (mo/yr):                        | List major duties in order of their importance in the job: |                                     |                     |                   |                        |
| Full Time                                      | Years  | Months                              |                     |                   |                        |
| Part Time                                      | Years  | Months                              |                     |                   |                        |
| If part time, number of hours worked per week: |  |                                     |                     |                   |                        |

|  |  |                                     |                     |                   |                        |
|--|--|-------------------------------------|---------------------|-------------------|------------------------|
| 6. Employer:                                   |  |                                     | Address:            |                   |                        |
| Job Title:                                     |  | Supervisor's Name:                  |                     | Telephone Number: | No. Supervised by you: |
| Date Employed (mo/yr):                         | Starting Salary:<br>\$ per                                 | Ending or Current Salary:<br>\$ per | Reason for Leaving: |                   |                        |
| Date Separated (mo/yr):                        | List major duties in order of their importance in the job: |                                     |                     |                   |                        |
| Full Time                                      | Years  | Months                              |                     |                   |                        |
| Part Time                                      | Years  | Months                              |                     |                   |                        |
| If part time, number of hours worked per week: |  |                                     |                     |                   |                        |

**Attach additional sheets if necessary to show at least 10 years work history.**

(over)

