

# Application for Employment

Fort Smith Housing Authority  
2100 North 31<sup>st</sup> Street  
Fort Smith, AR 72904  
www.fortsmithhousing.org

Electronically completing this form is preferred; if you must complete by hand, please print.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source (Please check the appropriate category and name the source)

- |   |  |
|---|--|
| <input type="checkbox"/> Walk-in _____        | <input type="checkbox"/> Job Fair _____          |
| <input type="checkbox"/> Employee _____       | <input type="checkbox"/> Staffing Agency _____   |
| <input type="checkbox"/> Advertisement _____  | <input type="checkbox"/> Government _____        |
| <input type="checkbox"/> FSHA Website _____   | <input type="checkbox"/> Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> School _____         |  |

What is the best time to reach you? \_\_\_\_\_

May we contact you at work?  Yes  No

If YES, work number and best time to call:  
#: \_\_\_\_\_ time: \_\_\_\_\_

Have you ever submitted an application here before?

Yes  No

If YES, give date(s) and position(s): \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed here before?

Yes  No

If YES, please provide the dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you legally eligible for employment in this country?

Yes  No

Date available for work: \_\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:

- Full-Time  Part-Time  Internship  
 Temporary

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  
 Yes  No  N/A

Will you work overtime if required?  Yes  No

If NO, please explain \_\_\_\_\_

\_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_ (driving a company vehicle may be required)

Have you ever pled "guilty" or "no contest" to or been convicted of a felony?

Yes  No

If YES, please provide date(s) and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The Fort Smith Housing Authority is an Equal Opportunity Employer. We do not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law.*

**Employment History (starting with your most recent employer; attach additional pages should you need them)**

Employer	Telephone #	Month / Year	Month / Year
		Dates Employed: _____ to _____	
Street address	City	State	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per
		Commission/Bonus/Other Compensation \$ _____	
Starting job title/final job title		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per
		Commission/Bonus/Other Compensation \$ _____	
Immediate Supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What did you like least about your position?			
Employer	Telephone #	Month / Year	Month / Year
		Dates Employed: _____ to _____	
Street address	City	State	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per
		Commission/Bonus/Other Compensation \$ _____	
Starting job title/final job title		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per
		Commission/Bonus/Other Compensation \$ _____	
Immediate Supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
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Employer	Telephone #	Month / Year	Month / Year
		Dates Employed: _____ to _____	
Street address	City	State	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per
		Commission/Bonus/Other Compensation \$ _____	
Starting job title/final job title		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per
		Commission/Bonus/Other Compensation \$ _____	
Immediate Supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What did you like least about your position?			

**Employment History (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability: \_\_\_\_\_

If not addressed on the previous page, have you ever been fired or asked to resign from a job?  Yes  No

If YES, please explain: \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.):

Word Processing: \_\_\_\_\_ Years: \_\_\_\_ Internet: \_\_\_\_\_ Years: \_\_\_\_  
 Spreadsheet: \_\_\_\_\_ Years: \_\_\_\_ Other: \_\_\_\_\_ Years: \_\_\_\_  
 Presentation: \_\_\_\_\_ Years: \_\_\_\_ Other: \_\_\_\_\_ Years: \_\_\_\_  
 E-mail: \_\_\_\_\_ Years: \_\_\_\_ Other: \_\_\_\_\_ Years: \_\_\_\_

**Educational Background**

Starting with your most recent school attended, provide the following information:

Name and Address of School	Years Completed	Completed	GPA	Major/Minor
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		

**References**

Name	Title	Relationship to You	Telephone	Years Known

**Related Information**

To what job related organizations (professional, trade, etc.) do you belong?

Organization	Positions Held	Years Active

List special accomplishments, publications, awards, etc.

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

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Is there any other job related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's executive director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_