



FORT WORTH HOUSING AUTHORITY
"INVESTING IN THE COMMUNITY"

Fort Worth Housing Authority
1201 East 13th Street
Fort Worth, Texas 76102-5764
Human Resources Department
817-336-2419 x 3452
817-348-0496 Fax
email: shirley@ftwha.org

Mailing Address: P. O. Box 430
Fort Worth, TX 76101-0430
Website: www.ftwha.org

Application for Employment

To APPLICANT: We appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

Drug Screening and Criminal Background Checks Required of All Applicants after an Offer of Employment is Made.

(Please Print Plainly)

PERSONAL Date _____ Driver's License _____ (State) (Number)

Name _____ (Last) (First) (Middle)

Social Security No. _____ Telephone _____

Address _____ (No. Street) (City) (State) (Zip)

Are you legally eligible for employment in the U.S. and over 18 years of age? Yes ___ No ___ (*Proof of eligibility will be required upon offer of employment*)

Position(s) applied for _____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Have you been convicted of a felony? (*A conviction will not necessarily disqualify you.*) Yes ___ No ___ . If yes, please give details on a separate sheet, giving dates and nature of offense, location of court, and disposition of case.

Is anyone related to you employed by the Housing Authority? Yes ___ No ___ . If yes, please give their name and relationship to you. _____

Are there any job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

EMPLOYMENT HISTORY - List below present and past employment, beginning with your most recent employer

I. I hereby give permission to contact this employer regarding prior work history. Yes No

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Position Title:	Describe the work you did:							
Telephone								

II. I hereby give permission to contact this employer regarding prior work history. Yes No

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Position Title:	Describe the work you did:							
Telephone								

III. I hereby give permission to contact this employer regarding prior work history. Yes No

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Position Title:	Describe the work you did:							
Telephone								

IV. I hereby give permission to contact this employer regarding prior work history. Yes No

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Position Title:	Describe the work you did:							
Telephone								

RECORD OF EDUCATION

(Applicants may be required to provide proof of diploma, GED, degree, transcripts, licenses, certifications and registrations)

Type of School	Name and Address of School Or Awarding Institution	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma, Degree, GPA & Hours Completed
			9	10	11	12		
High or GED							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College, Technical, Business or Vocational							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certifications, Awards, Citations, Licenses (Please list type and date)								

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

If we need to follow up on this application, what is the best telephone number (s) to call? _____

What is the best time to call? _____

Applicant Signature and Certification (Must Sign Below)

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer. I hereby give permission to contact all previous employers as indicated and authorize FWHA to verify any information I have provided in the application.

_____ Date

_____ Signature of Applicant