

Employment Application

Human Resources Department



St. Petersburg Housing Authority
2001 Gandy Boulevard, St. Petersburg, FL 33702

(727) 323-3171 ext 224

FAX: (727) 209-6988

General Instructions (Please read before completing application form.)

- Application/Questionnaire must be **typewritten** or **printed legibly in black ink**.
- It is very important that you **complete the entire form**. Cover any periods of unemployment and answer all questions that apply to you. For questions that do not apply to you, insert "N/A", for not applicable. Incomplete forms will not be accepted or considered for employment. If you need additional space, put the information and your name on a separate page and return it with the completed application. **A resume or reference letter(s) may be added to the** application/questionnaire but cannot be substituted for a completed form.
- Address or telephone number changes should be reported to the Human Resource Department.
- This application will be retained for three (3) months from the date of the application.

Notice: In accordance with the requirements set forth in OMB No. 2577-0044, please be advised that the Authority provides a Drug-Free Workplace for its employees. It is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance in the Authority's Workplace, and any employee found to be in violation of the law shall be disciplined or discharged in accordance with the Authority's Personnel Rules.

Biographical Information			
Last Name:		First Name:	Middle Initial:
Application Date:	Home Address: Street		
City:		State:	Zip Code:
Home Phone:	Work Phone:		Daytime Phone:
<p>Indicate the areas of the County in which you are willing to work (please check all that apply)</p> <p> <input type="checkbox"/> Any County location <input type="checkbox"/> North County only <input type="checkbox"/> Mid County only <input type="checkbox"/> South County only </p> <p>I hereby make application for employment with the Housing Authority for the position of:</p>			
<p>Will you work? (Check all that you are willing to work on a regular basis.):</p> <p> <input type="checkbox"/> Holidays <input type="checkbox"/> Nights <input type="checkbox"/> Various Shifts <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Temporary Employment </p>			

Education, Training and Licenses

High School: Did you graduate from high school (or will you in the next nine months)? Yes No
 If no, do you possess a G.E.D. certificate? Yes No

Last high school attended:

Name	City

Circle highest grade completed:

8	9	10	11	12	13	14	15	16	17	18	19	20
High School					College				Graduate School			

College: [Undergraduate/Graduate Training (Copies of transcripts, certificates, or degrees are helpful)]

Name and location of college or university	Dates Attended	Completed		Degree Awarded	Major
		Credits	Years		

List major college subjects and number of hours taken:

Vocational, Trade, Armed Forces, Business Schools and Other Related Training:

Kind of Training	Conducted By	Date Completed

Licenses, Certifications, Specialized Training, etc.

List directly related certifications, specialized training, or advanced education and training:

State or Organization Issuing License, Certification, Training, etc.	License Number:	Expiration Date:
State or Organization Issuing License, Certification, Training, etc.	License Number:	Expiration Date:
State or Organization Issuing License, Certification, Training, etc.	License Number:	Expiration Date:

Equipment Operation (List equipment you can operate and the number of years of experience you have operating the equipment.)
Computer (Mainframe, PC, Word Processing Terminals):
Computer Software:
Other:

Work History – Please list your current and previous employment, from most recent to least recent, in the spaces below. Do not skip any employment. Please provide at least your 10 most recent years of employment, if applicable. In addition, describe any employment prior to the 10 years that you believe enhances your qualifications for position(s) you seek. Attach additional sheets on white 8 ½" x 11" paper if necessary, including your name on each page, and providing the information requested in the blocks below.				
Current Employer:			Phone:	
Address:		City:		State:
				Zip Code:
Beginning Date:	Ending Date:	Hours/Week:	Pay Rate &/or Pay Grade Level:	Number of Employees You Supervised:
Name & Title of Your Supervisor:				
Position(s) Held (List titles of all positions held with this employer from first to last including dates.):				
Reason for Leaving:				
Major Job Duties/Responsibilities:				

Current Employment: If you are currently employed, may we contact your current employer? Yes No
If no, state reason: _____

Employer:			Phone:	
Address:		City:		State:
				Zip Code:
Beginning Date:	Ending Date:	Hours/Week:	Pay Rate &/or Pay Grade Level:	Number of Employees You Supervised:
Name & Title of Your Supervisor:				
Position(s) Held (List titles of all positions held with this employer from first to last including dates.):				
Reason for Leaving:				
Major Job Duties/Responsibilities:				

Employer:				Phone:	
Address:		City:		State:	Zip Code:
Beginning Date:	Ending Date:	Hours/Week:	Pay Rate &/or Pay Grade Level:	Number of Employees You Supervised:	
Name & Title of Your Supervisor:					
Position(s) Held (List titles of all positions held with this employer from first to last including dates.):					
Reason for Leaving:					
Major Job Duties/Responsibilities:					
Employer:				Phone:	
Address:		City:		State:	Zip Code:
Beginning Date:	Ending Date:	Hours/Week:	Pay Rate &/or Pay Grade Level:	Number of Employees You Supervised:	
Name & Title of Your Supervisor:					
Position(s) Held (List titles of all positions held with this employer from first to last including dates.):					
Reason for Leaving:					
Major Job Duties/Responsibilities:					
Employer:				Phone:	
Address:		City:		State:	Zip Code:
Beginning Date:	Ending Date:	Hours/Week:	Pay Rate &/or Pay Grade Level:	Number of Employees You Supervised:	
Name & Title of Your Supervisor:					
Position(s) Held (List titles of all positions held with this employer from first to last including dates.):					
Reason for Leaving:					
Major Job Duties/Responsibilities:					

In completing this application form have you left any gaps of time which are not accounted for? Yes No
If yes, please explain: _____

Additional Information

Professional References (Not Friends or Relatives) (Provide 3 References):

Name: _____ Relationship: _____ Phone Number: _____

Address: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____

Have you ever been terminated or asked to resign from a place of employment? Yes No

If yes, please explain: _____

Previous Application: Have you ever filed an application for employment with the St. Petersburg Housing Authority?

Yes No If yes, when was the application filed? _____

Previous Housing Authority Employment: Have you ever been employed by St. Petersburg Housing Authority?

Yes No If yes, please list department and dates employed.

Relatives: Are any of your relatives employed by the Housing Authority? Yes No

If yes, provide the following information:

Name	Relationship	Department

Citizenship

Are you a U.S. Citizen? Yes No

If you are not a U.S. Citizen, do you have a work visa? Yes No

Legal - Note: St. Petersburg Housing Authority performs a criminal records background check on all new employees as a condition of employment. A traffic offense records check will also be conducted as a condition of employment on employees who operate the Authority's motor vehicles.

Have you ever been convicted of, pled guilty or no contest to, or had adjudication withheld on any crime or other violation of the law? **Yes** **No** (You may omit parking violations and any other offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.) For each, list the following (attach additional sheets if necessary):

Nature of crime or charge: _____

Location: _____

Disposition (pled guilty, no contest, found guilty, adjudication withheld): _____

Date of Disposition: _____ Penalty Imposed: _____

Note: A prior record of conviction(s) will not necessarily disqualify you from consideration. Each case is considered individually considering the nature of the offense and requirements of the job. Florida State Statute 112.011 provides that a person cannot be disqualified from employment solely because of a prior conviction of a crime. A person may be denied employment only if the crime was a felony or first degree misdemeanor **and** it is directly related to the position of employment being sought. However, withholding or falsifying information may result in termination if hired. Records searches are made on every individual hired.

Have you ever been sued, or named as a defendant, in a civil action in which you were accused of an intentional wrongful act, such as assault, battery, defamation, infliction of emotional distress, civil theft or misappropriation, fraud, etc.? For each case, list the following (attach additional sheets if necessary):

Nature of claim against you: _____

Location: _____

Disposition of the case: _____ Date of disposition: _____

Has your application for a surety bond ever been rejected, or has your surety bond ever been forfeited? _____

If yes explain: _____

Driver's License: Do you possess a current, valid driver's license? Yes No

If yes, provide the following information:

State Issuing License:	Driver's License Number:	Expiration Date:
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If no, state reason: _____

Have you ever had a driver's license suspended or revoked in any state? Yes No

If yes, list the state and the reason for the suspension or revocation: _____

Important Notices

- The Authority complies with the federal Drug-Free Workplace Act of 1988 and the Florida Drug-Free Workplace Act. Offers of employment will be made contingent upon successful completion of a drug screening.
- Should you be offered employment, we will need to verify your eligibility for employment in accordance with the U.S. Immigration and Reform Act of 1986. Various forms of identification are outlined by this legislation. A copy of the required identification documents is available on request.
- The Authority complies with the Americans with Disabilities Act of 1990. Requests for accommodations in the application and selection process should be made to the Human Resource Department. Verification of need for accommodation may be required. Reasonable accommodations will be made on a case by case basis.
- The Authority is an Equal Employment Opportunity Employer.

**ATTENTION - THIS STATEMENT MUST BE SIGNED
READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING**

1. Be advised that the Florida State Supreme Court has ruled that all information supplied while making application with all state, county and municipal entities and agencies, becomes a part of Public Record under provisions of Chapter 119 of Florida Statutes, and as such must be made available to interested parties upon specific request.
2. The Authority has my authorization to thoroughly investigate my work and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
3. All information you provide will be considered in reviewing your application. A false answer to any question may be grounds for not employing you or for dismissing you after you begin work. All statements are subject to verification, including a check of your fingerprints, police records, and former employers.
4. By my signature, I hereby authorize the Authority to:
 - Obtain college or university transcripts.
 - Obtain employment references from my former employers.
 - Obtain a credit background check, if required by position as a condition of employment.
 - Conduct license checks/verifications.
 - Perform a criminal records background check as a condition of employment.
 - Perform a traffic offense records check as a condition of employment, if my job will require me to operate the Authority's motor vehicles.

Certification:

I certify that I have read and understand the General Instructions and Important Notices sections.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Print Name

Alias, Maiden Name, A/K/A

Social Security Number

Driver's License Number

State

Current Address: _____

Phone Number: (_____) _____
Area Code Phone Number

Signature

Date