

Employment Application

Prospective Employer: Kirbyville Housing Authority
 Worksite Location: 414 S. Vallie Ave. Kirbyville, TX
 Position Applying For: _____
 Application Date: _____

As an employer, we appreciate your taking the time to fill out this application. It is important that all questions be answered completely and accurately. In filling out this form, if there is insufficient space to complete the answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer, as we comply with applicable federal, state, and local laws, regulations and ordinances which prohibit discrimination against qualified applicants and employees. We prohibit any form of workplace harassment.

Please print or write neatly.

Personal Information

Full Name _____
(Please use complete names rather than initials. Show any nicknames in parentheses)

Have you ever used another name for work, school, or business? yes no if yes, please state name(s), dates, and circumstances: _____

Are you at least age 18? yes no

Present Resident Address: _____
Street Address City State Zip

Permanent Address (if any): _____
Street Address or P.O. Box City State Zip

Home Phone (____) _____ Cell Phone (____) _____ SS# _____

Have you been employed by us before? yes no If yes: Dates _____

Supervisor's Name _____

Reason for Leaving: Resigned with notice Quit without notice Asked to resign terminated Laid off
Other (Be Specific): _____

Do you have relatives in our line of business in Texas? yes no If yes, please list them and their employers: _____
 Do you have any relatives currently in our employ? yes no

If yes, please list them _____ Date you are available to begin work _____

Is your availability to work limited to any specific times? yes no If yes, please indicate which hours and days of the week you are unavailable _____

Are you willing to work flexible hours, which could include weekends and/or overtime? _____

Do you plan to engage in other work while in our employ? yes no If yes, please describe the work, as well as the hours and days of the week involved _____

Are you willing to travel? yes no If yes, how much? _____

Are you willing to relocate? yes no If yes, what geographical preference? _____

What languages (Including English) do you speak, read, or write proficiently?

<i>Language</i>	<i>Speak</i>	<i>Read</i>	<i>Write</i>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been in the United States military service? yes no If yes, please state dates of service _____

Nature of duty or training _____

Highest rank held _____ Rank at time of discharge _____

Personal Information, continued from previous page

How were you referred to us? Advertisement Friend Relative Walk-in Agency Other _____

Notify in case of emergency: Name _____ Relationship _____

Address _____ Work Phone (____) _____ Home phone (____) _____

Do you engage in the current illegal use of drugs? (For example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)? yes no Are you willing to be tested for the current use of drugs? yes no

Have you ever (check all that apply): been subject to judicial punishment under the Uniform Code of Military Justice or been convicted, pled guilty, pled no contest/nolo contendere, or received court-ordered community supervision, deferred adjudication, probation, pretrial diversion, or any other alternative program for a crime (misdemeanor or felonies)? If yes, provide complete information on all criminal offense(s), date(s), location(s) (city and state), nature of any alternative disposition program and the date(s) of completion. If you have received any alternative disposition for any criminal offense, you MUST disclose it and describe the program. Failure to disclose a criminal conviction, plea or alternative disposition will be considered falsification and will result in your ineligibility for employment. Use additional sheet if necessary.

Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at the time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.

Have you received a court order to pay child support, or made any agreement to pay child support and/or medical support? yes no If yes, list amount per month agreed to or required to pay \$ _____. Do you owe any back payments on child and/or medical support and/or other spousal support? yes no If yes, list amount \$ _____.

Education

Name and location of school

Circle grade completed

Did you graduate?

Degree(s) received or Subject(s) studied

Grade School _____

1 2 3 4 5 6 7 8

High School _____

9 10 11 12

Circle number of years completed

College _____

1 2 3 4 5 6

Trade, business _____

1 2 3 4

Or vocational school

Academic honors or awards received _____

Licenses and Certifications

Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as CAM, CAMT, CAPS, NALP or CPM) that relate to the job for which you are applying? yes no If yes, please describe below.

Type of license or certification

From what city, state agency, or organization

Date issued (if applicable)

License number

Have you ever had a professional or vocational license or certification (if any) denied, revoked, suspended, or curtailed? yes no If yes, please explain

Other Qualifications

Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering you (including strengths, weaknesses, goals, etc.)

References

(Do not include relatives or previous employers.)

Name	City and State	Phone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of present landlord _____ City _____ Phone _____

Name of previous landlord _____ City _____ Phone _____

Name of next previous landlord _____ City _____ Phone _____

(Limit to landlords in previous 24 months)

Employment History

We routinely contact an applicant's current and previous employers for reference checks. Are you currently employed?
 yes no. May we contact your current employer at this time? yes no. If no, please explain

(Permission to contact your current employer for a reference check will be required before hiring.) Please attach a copy of any employment recommendation letters which relate to the job for which you are applying. Please provide below your complete work history (full-time and part-time) for the preceding three employers or past 10 years, whichever is greater. Explain all gaps in employment during this period in the next section. Use additional sheets if necessary to provide complete information.

Current or last employer

Name _____ Phone (____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Next previous employer

Name _____ Phone (____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Next previous employer

Name _____ Phone (____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off
 Other (Be specific) _____

Other employment history information

Please explain all periods of unemployment between the above jobs _____

Have you ever been terminated from employment or asked to resign by any employee other than those listed above?
yes no. If yes, please provide employer(s), location, date, and explanation _____

Driving Record

If you are applying for a position which involves driving on the job, please answer the following questions. Can you safely drive a vehicle? yes no. Do you have a valid, unexpired driver's license? yes no. If yes, please state your current driver's license number _____ Expiration date _____

Issuing state _____. Has your driver's license been revoked, suspended, denied, or limited during the past five years? yes no, If yes, please explain _____

List all traffic violations (other than parking tickets) for which you pled guilty, were convicted or pled no contest/nolo contendere during the past five years.

Year	Nature of violation	Location (city and state)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Illegal Use of Drugs and Medical Exam

The job you are applying for requires reliable attendance and dependable performance during the contemplated work hours. You may be asked to submit to testing for the current illegal use of drugs before or after any offer of employment is made. If a conditional offer of employment is made, you may be asked to take a medical examination or answer medical-related questions.

Note to Applicant

Complete this page *after* completing the first four pages of the Employment Application.

**AUTHORIZATION
BY EMPLOYMENT APPLICANT**

Employer's name _____ Date _____

Applicant's full name _____
(Please use complete names rather than initials. Show any nicknames in parenthesis.)

As the Applicant named above, I authorize the Employer and/or its agents to:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume, or biographical sheet submitted by Applicant;
2. Obtain information regarding my work habits, skills, and conduct from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from all law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills, and
5. Obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for purposes of my prospective employment or for the employment purposes of promotion, reassignment or retention as an employee. Authority to obtain such work history information expires 365 days from the date of this application.

I further authorize all institutions, agencies, companies, or persons referred to above, to give the Employee and/or its agents all information requested. I release the Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that I may be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.

I understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any medical examination.

I understand that I will be provided a separate disclosure and authorization form if the Employer elects to obtain consumer reports, including but not limited to criminal, income and work history reports, for employment purposes under the Fair Credit Reporting Act.

Applicant's Signature

Social Security Number

Applicant's Printed Name

Driver's License Number (or alternative identification)

Street Address

State Issuing Driver's License (or alternative identification)

City/State/Zip Code

Note to Applicant Review and sign this page *after* completing the first five pages of the Employment Application.

**CERTIFICATION
BY EMPLOYMENT APPLICANT**

For purposes of this certification, the term “application” includes this employment application form and any supplemental questionnaire, exhibit, resume, biographical sheet, or other documents submitted by Applicant.

I certify that all information given on this application and in any resumes and exhibits submitted to the Employer is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver’s license or other identification card to verify my identi

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested, and I authorize the Employer and agencies or companies of the Employer’s choice to investigate all information on this application. I authorize the Employer to use any information obtained during the investigation for all matters relating to my suitability for initial or continued employment. I release the Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information. I understand that I will be provided a separate disclosure and authorization form if the Employer elects to obtain consumer reports including but not limited to criminal, income and work history reports, for employment purposes under the Federal Credit Reporting Act.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by the Employer. I understand that the reason for such testing is that the Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to the Employer or its agents. If I refuse to be tested, or if I produce a positive test result for the current illegal use of drugs, I understand that any offer will be withdrawn and that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide documents verifying my identity and right to work in the U.S.A.

If I am employed, I understand that I must comply with the Employer’s rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job being applied for requires reliable attendance and dependable performances during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by the Employer or myself, without notice and without cause.

I understand that this is an application only and that it does not constitute an offer of employment or any employment contract.

Date _____ Applicant’s signature _____

Applicant’s printed name _____

DRUG-FREE WORKPLACE POLICY (DRUG ABUSE POLICY)

This company has a strong commitment to provide a safe, secure and *drug-free* workplace for its employees and to establish programs and policies promoting high standards of employee health. The company's policy is reinforced by the federal Drug-Free Workplace Act and Texas Workers' Compensation laws, mandating that certain employers adopt and enforce policies for drug-free work environments.

The most important aspects of the company's policy are that: (1) *Drug abuse by employees is absolutely prohibited*; and (2) *Drug testing may be used to detect and/or prevent drug abuse by employees*. For purposes of this policy, the term "drugs" includes alcoholic beverages, inhalants, and illegal drugs, including marijuana and controlled substances. The term also covers prescription drugs under certain circumstances.

Job Applicants

1. Prior to employment, an applicant will be provided a copy of the company's drug-free workplace policy. The applicant must agree to abide by it. Job applicants may be tested for drugs at any time after an employment offer for employment purposes.
2. At the time of the drug testing, applicants will be informed of the testing procedures and the consequences of positive results. The applicant will be given a consent and release form, stating that the testing procedures have been generally explained and that the applicant understands the test results will be released to the prospective employer and used to determine suitability for employment. If the applicant fails to sign the consent and release forms or refuses to be tested or if the test results are "positive", the applicant may be denied employment

Employees

3. Every employee is provided a copy of the company's drug-free workplace policy, and the employee must agree to abide by it. Employees are expected to report to work without any impairment which might prevent them from behaving appropriately or performing their jobs safely and efficiently. Drug abuse by employees is absolutely prohibited.

"Drug abuse" means:

- (1) using or possessing alcoholic beverages while *on the job*, or while using company equipment;
- (2) using alcoholic beverages while *off the job* in a manner which adversely affects the employee's performance and conduct on the job, or which poses a direct threat to the safety of others;
- (3) Using any over-the-counter or prescription drugs while *on or off the job* in a manner which adversely affects the employee's performance or conduct *on the job*, except when prescription drugs are taken as directed on the orders of the employee's doctor;
- (4) using, possessing, distributing, dispensing, exchanging, selling or manufacturing controlled substances, illegal drugs, marijuana, drug paraphernalia or inhalants *at any time, either on or off the job*;
- (5) using company property or the employee's job or position to facilitate any of the above; or
- (6) violating any federal, state or local law relating to alcohol or drug-related conduct.

4. Employees who are using prescription drugs under a doctor's care must notify their supervisors regarding the nature of the medication, the dosage and the effects on the individual. A doctor's and/or copy of the prescription may be requested by an employee's supervisor in accordance with company policy.
5. Supervisors who have reasonable suspicion that an employee has an unauthorized or unlawful involvement with alcohol, marijuana, or controlled substances may ask questions and are required to gather information and refer it to the appropriate management personnel. In cases where reasonable suspicion exists, the company may search without the employee's prior consent the employee's locker, tool boxes, food and beverage containers, desk, file cabinets and other personal property such as purses or clothing and personal vehicles on company property. Searches of clothing will be conducted by a person of the same sex. Employees are required to **cooperate in all searches.**

6. Each employee must immediately report to his supervisor any criminal convictions or guilty pleas by the employee involving drug abuse as defined above.
7. Each employee must immediately report to his supervisor any incidents which the employee believes may involve drug abuse by another employee or any person on company property.

Drug and Alcohol Testing During Employment

8. When management has a reasonable suspicion that an employee is violating this policy, the employee may be asked to immediately report to a company-designated physician or medical clinic on company time and at company expense for drug and/or alcohol tests. The test results will be released to the company. The testing may involve urine tests, blood screens and other appropriate procedures. The employee will sign all necessary consents or release forms for the testing. The employee will not dilute, switch, alter, or tamper with urine or blood samples. If the employee refuses to consent or submit to the tests or has a positive test result, the employee will be subject to immediate discipline, up to and including employment termination. If an employee has a “positive” test result and is not terminated, the employee must sign and comply with a return-to-work agreement and may be required to complete chemical or alcohol dependency evaluations as part of the procedure.
9. Whenever an employee has an on-the-job accident, injury or serious safety-related incident, the incident must be reported *immediately* by the employee to his supervisor; a drug and/or alcohol test will be required *immediately*. The company may waive this requirement on a case-by-case basis. At any time, the company may institute a random or universal drug testing program for all employees. In such event, the company will advise all employees of the testing procedures and the consequences of refusal to consent, refusal to submit to testing, or positive test results.

Education and Treatment Programs

10. If there are drug education, treatment, or medical rehabilitation programs available through the employer or through health care insurances (if any), an addendum to this company policy will contain a description of the programs and how an employee may request assistance or participation. The addendum, if any, will also describe any requirements for participation.

Consequences of Violation

11. *Violation of the company’s drug abuse policy will result in discipline, up to and including termination of employment, without advance warning or second chances and without severance pay or benefits.* Termination of employment because of violation of the company’s policy regarding drug use or abuse will be permanently recorded in the employee’s personnel record. It may also result in denial of unemployment benefits under state law. If requested by subsequent or prospective employers of the employee, the company may inform such employer that the employee was terminated for violating the company’s drug abuse policy.

Acknowledgement and Authorization by Employee

12. I have read and understand the above company policy. I understand that I may ask management about any questions I have. I agree to abide by the policy and I realize the consequences of violating it. I understand that drug use or abuse endangers myself, my co-workers, my family and my friends. It can reduce job productivity and success for myself and others. It can increase job absenteeism and accidents. It can cause the loss of my job and can affect my chances of obtaining future employment with other employers. It can cause crippling braining damage and permanent disability. It can cause death. If I am terminated for violation of this drug abuse policy, I authorize the company to notify subsequent or prospective employers of that fact (if requested by them). Duplicate copies of this policy have been signed, one for the company and one which has been given to me.

Pecan Grove/Kirbyville Housing Authority

Employee name (printed)

[Check one]

Employee signature

- There is no addendum to this policy.

- There is an attached addendum to this policy which has been dated and signed by the employee.

Date

Signature of Parent or Guardian if employee is a minor.

Date