



SAN BENITO HOUSING AUTHORITY APPLICATION FOR EMPLOYMENT

1400 North Reagan Street
P.O. Box 1900
San Benito, TX 78586
Office: (956) 399-7501
Fax: (956) 399-5413
www.sanbenitohousing.com

PRINT IN BLACK OR BLUE INK OR TYPE. Please fill out the application form completely and accurately. Be sure to sign when completed. The San Benito Housing Authority is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability or veteran status.

Position Applied For: _____	Today's Date: _____
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NAME: _____ (_____) _____
Last
First
Middle
Contact Phone Number

MAILING ADDRESS: _____
Street
City
State
Zip

CONTACT NUMBER (Phone/Mobile): _____ EMAIL: _____

Are you over 18 years of age? Yes No Date Available for work: _____ Full time Part time Temp/Project
 Are you willing to work hours other than the regular working hours? Yes No

Are you legally authorized to work in this country? Yes No

Have you ever worked for the San Benito Housing Authority? Yes No If so, give dates: _____
 Do you have any relatives working for the San Benito Housing Authority? Yes No

If yes, list names and relationship: _____

Are you a veteran of the U.S. Military Service? Yes No
 Dates: _____

Type of Discharge: _____

Have you ever been convicted of a felony, misdemeanor, or received a differed adjudication? (Disclosure of criminal records does not automatically disqualify you for employment): Yes No

If yes, please explain dates, nature of charge, and disposition: _____

Education	Name & Location of School	Dates Attended	Date Graduated or Expected Date	Type of Degree or Diploma
High School				
College / University				
Technical/Vocational/Other				

List all licenses and certificates you may hold which may be related to the position you are applying.

License / Certification	Issued by/Location of Organization	Date issued / Date expires	License Number

Special Qualifications

Do you type? Yes No _____ WPM

Do you use a 10-key adding machine? Yes No

What office machines can you operate? (Include computer skill): _____

What machines/equipment can you operate that are related to the job you are applying for? (i.e. backhoe, mower, etc): _____

Can you speak or write in a foreign language? Speak Write
Language: _____ Fluently Fluently
Not Fluently Not Fluently

EMPLOYMENT HISTORY

Please provide below your complete employment history including all significant duties performed. Begin with your current or last position and work back to your first. Complete this section carefully because your work experience will be important in finding the position you are best suited for. Be sure to include all job history relevant to the position you are applying for. If you need additional space, please continue on a separate sheet of paper.

Most recent employer: _____

Address: _____

Name & Title of Supervisor: _____

Telephone: _____ May we contact? Yes No

Position: _____

Employed from: _____ to: _____

Duties, Responsibilities & Accomplishments: _____

Reason for Leaving: _____

OFFICE USE ONLY:

Full time Part time Temp/Project

Current/Final Salary: _____

Previous employer: _____

Address: _____

Name & Title of Supervisor: _____

Telephone: _____ May we contact? Yes No

Position: _____

Employed from: _____ to: _____

Duties, Responsibilities & Accomplishments: _____

Reason for Leaving: _____

OFFICE USE ONLY:

Full time Part time Temp/Project

Current/Final Salary: _____

Previous employer: _____

Address: _____

Name & Title of Supervisor: _____

Telephone: _____ May we contact? Yes No

Position: _____

Employed from: _____ to: _____

Duties, Responsibilities & Accomplishments: _____

Reason for Leaving: _____

OFFICE USE ONLY:

Full time Part time Temp/Project

Current/Final Salary: _____

Please explain all periods of unemployment between the above jobs: _____

Have you ever been terminated from employment or asked to resign by any employer? Yes No

If yes, please explain: _____

Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering your application (include strengths, weaknesses, goals, etc): _____

REFERENCES

List three (3) persons not related to you who have definite knowledge of your character, qualifications, and fitness for the position you are applying for. Do not repeat names listed in the Employment History.

Name: _____ Address: _____ Home/Mobile telephone: _____ Occupation: _____ How long has reference known you? _____	<u>OFFICE USE ONLY:</u>
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APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or if hired, termination.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I understand that employment with the San Benito Housing Authority is at will, which means that either I or the San Benito Housing Authority can terminate the employment relationship at any time, with or without cause or advance notice and in accordance with applicable State Law. As a condition to apply for employment and continued employment, I agree to accept and confirm to the San Benito Housing Authority's procedures, guidelines and instructions as modified from time to time, including any drug-free workplace policies.

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

Date

Applicant's Signature

Applicant's Printed Name

CERTIFICATION BY EMPLOYMENT APPLICANT

For the purposes of this certification, the term "applicant" 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 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, 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 identity.

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 Employer agencies or companies of Employer's choice to investigate all information on this application. I release Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information.

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 by Employer. I understand that the reason for such testing is that Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The result of such testing will be communicated to 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 I will not be further considered for employment.

If I receive a conditional offer of employment, I understand that I may be asked to have a medical examination performed by a medical practitioner who is chosen and paid for by Employer. The results of such examination will be communicated to Employer or its agencies, if I refuse to submit to such medical examination, I understand 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 positive proof of my identity and verification of my right to live and work in the U.S.A.

If I am employed, I agree to abide by 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 performance 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 Employer or myself, without notice and without cause.

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

Date

Applicants Signature

Applicants printed name

SAN BENITO HOUSING AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

**AUTHORIZATION
BY EMPLOYMENT APPLICANT**

Employer's Name

Date

San Benito Housing Authority

Applicant's full name (please use complete name rather than initials. Show any nicknames in parentheses.)

As the Applicant named above, I authorize 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 information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I further authorize all institutions, agencies, companies or persons referred to above, to give Employer and/or its agents all information requested. Under the Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by Employer from a consumer agency. I understand that I will be so advised and given the name of the reporting agency for more information. I release 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.

Applicant's Signature

Social Security Number

Applicant's Printed Name

Driver's License Number (or other ID)

Street Address

State Issuing Driver's License (or other ID)

City/State/Zip Code