

APPLICATION FOR EMPLOYMENT
Housing Authority of Murray (HAM)
 716 Nash Drive, Murray, Kentucky 42071
 Phone (270) 753-5000 Fax (270) 753-2073 www.phamurray.org

INSTRUCTIONS—Please Read Before Completing This Form. Please type or print clearly in dark ink. **This application must be completed in full to be considered for employment with HAM.** Please attach resume but do not write “see resume” in any section. If an item does not apply, write Not-Applicable (N/A) in the space provided. Before signing this form, carefully read the Privacy Act Notice for Employment Form on the last page.

Position Applying For:		Date:	
Name: (Last)	(First)	(MI)	
Address: (Number, Street, City, State, Zip Code)			
Contact Phone:	Other Phone:	E-Mail Address:	
Have you ever worked for HAM? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If any of your family members presently work for HAM, complete the following:			
Name		Relationship to You	
If, as an adult, you have ever been convicted of or plead guilty to a misdemeanor or felony other than a minor traffic violation, give details below. Include date of conviction, nature and disposition of offense. NOTE: A conviction does not necessarily prevent your employment with HAM.			
EEO Notice To All Applicants: The Housing Authority of Murray is proud to be an Equal Opportunity Employer. We provide opportunities for employment without regard to race, color, national origin, sex, age, religion, familial/marital status or disability. Are you able to perform the essential functions of the position, for which you are applying, with or without accommodation (please refer to job description for the position)? <input type="checkbox"/> I am able to perform the essential functions without accommodation. <input type="checkbox"/> I am requesting the following accommodation(s): _____			
Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTE: All new employees are required to complete a Form I-9 and provide documentation establishing their identity and eligibility to work in the United States			
Do you possess a valid Kentucky Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTE: A Kentucky Driver's License may be required upon employment. Driving record must be acceptable to HAM.			
Do you have a high school diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, highest grade completed?	
Name and Location (City, State & Zip Code) of College or University	Major and Type of Degree	Did You Graduate?	
Other schools or training attended. Give the course name, dates attended, topics, and certificates received.			
Special qualifications and skills, office and/or construction equipment or tools you can operate.			

Employment History

Applicant Name: _____

Name of Employer		Dates Employed (Month and Year) From: _____ To: _____	
Complete Address and Telephone Number		Salary or Earnings Beginning: _____ Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Reason for leaving:			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name of Employer		Dates Employed (Month and Year) From: _____ To: _____	
Complete Address and Telephone Number		Salary or Earnings Beginning: _____ Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Reason for leaving:			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Employment History

Applicant Name: _____

Name of Employer		Dates Employed (Month and Year) From: _____ To: _____	
Complete Address and Telephone Number		Salary or Earnings Beginning: _____ Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Reason for leaving:			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name of Employer		Dates Employed (Month and Year) From: _____ To: _____	
Complete Address and Telephone Number		Salary or Earnings Beginning: _____ Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Reason for leaving:			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Employment History

Applicant Name: _____

Name of Employer		Dates Employed (Month and Year) From: _____ To: _____	
Complete Address and Telephone Number		Salary or Earnings Beginning: _____ Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Reason for leaving:			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name of Employer		Dates Employed (Month and Year) From: _____ To: _____	
Complete Address and Telephone Number		Salary or Earnings Beginning: _____ Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Reason for leaving:			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Employment History

Applicant Name: _____

Name of Employer		Dates Employed (Month and Year) From: _____ To: _____	
Complete Address and Telephone Number		Salary or Earnings Beginning: _____ Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Reason for leaving:			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Professional References

Please provide three professional references. (Do not list any relatives or personal friends.)

Name	Relationship	Telephone	E-mail Address

PRIVACY ACT NOTICE FOR EMPLOYMENT FORM

NOTICE TO APPLICANTS

This information is provided pursuant to the Privacy Act of 1976 for individuals supplying information for inclusion in a system of records.

POLICY

Information furnished will be used primarily by the Housing Authority of Murray to determine qualifications for employment, eligibility for transfer, reinstatement, promotion and/or demotion. All or part of this information may be furnished as indicated below:

1. Representatives from the Housing Authority of Murray, if required to determine employment suitability.
2. Federal, state and local agencies in which you have interest as a potential employee.
3. Federal, state and local agencies to create personnel files following your employment with the Housing Authority of Murray.
4. Representatives of federal, state and local agencies engaged in investigating violations of the law.
5. Individuals or agencies requesting statistical data exclusive of personal identification.
6. Requesting agencies possessing your voluntary release of information and assuming confidential protection of information released.

EFFECTS OF DISCLOSURE

It is in your best interest to answer all questions. Your failure to complete the form may jeopardize your opportunity for employment.

CERTIFICATION/AGREEMENT

I have read and understand the above Privacy Act Notice for Employment Form. I hereby certify that this application is a complete record and that all entries and all attachments are true and accurate to the best of my knowledge. I understand that false or incomplete statements herein supplied are grounds for disqualification from employment. I authorize the Housing Authority of Murray to conduct a thorough background investigation, except as it pertains to race, color, national origin, sex, age, familial/marital status, religion, disability, or other non-job related criteria, to be used relative to employment with the Housing Authority of Murray. I authorize my former employer(s), any other person(s) or organization(s) to provide any information they have about me, and I release all concerned from any liability in connection therewith. If employment is offered, I understand that I may be required to pass an examination(s), i.e., driving record check, pre-employment drug screening, etc., given at the Authority's expense and that my employment may be contingent upon successfully passing that examination.

Applicant's Signature

Date (Month/Day/Year)