



EMPLOYMENT APPLICATION

Candidate Information			
Name (LAST, FIRST, MIDDLE)		Date	
Current Address		City, State	Zip
Mobile Phone		Home Phone	
Email Address			
Are you over the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you legally eligible for employment in the United States? (PROOF OF CITIZENSHIP/IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employment Desired			
Position applying for:			
Date available to start:		Availability (Full-time / Part-time):	
Salary Requirements: /hour		Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Education (PLEASE CHECK HIGHEST GRADE(S) COMPLETED)			
High School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GED: <input type="checkbox"/> YES <input type="checkbox"/> N/A	College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduate School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Schools Attended			
High School	Location	Degree/Certificate	
College	Location	Degree/Certificate	
Graduate School	Location	Degree/Certificate	
Other Training	Location	Degree/Certificate	
Professional Certification(s) / License(s)			
Type	Number	Expiration Date	
Type	Number	Expiration Date	
Employment Information (PLEASE LIST YOUR MOST RECENT POSITION FIRST)			
Current Employer		Address (STREET, CITY, STATE, ZIP)	
Job Title	Supervisor's Name and Title	Phone Number	
Dates Employed From to		Hours per week	
Reason for leaving/considering leaving		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Address (STREET, CITY, STATE, ZIP)	
Job Title	Supervisor's Name and Title		Phone Number
Dates Employed From to		Hours per week	
Reason for leaving		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer		Address (STREET, CITY, STATE, ZIP)	
Job Title	Supervisor's Name and Title		Phone Number
Dates Employed From to		Hours per week	
Reason for leaving		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Military Service			
Branch of Service		Dates served (MM/YY to MM/YY)	
Rank at Discharge			
List of Duties/Training			
References (PLEASE LIST THREE PROFESSIONAL REFERENCES)			
1. Name		Current Title	
Relationship		Phone Number	Email Address
2. Name		Current Title	
Relationship		Phone Number	Email Address
3. Name		Current Title	
Relationship		Phone Number	Email Address
Disclaimer & Signature			
<p>I hereby certify that the facts set forth in the above employment application are true and complete, to the best of my knowledge, and I authorize the Greenville Housing Authority (TGHA) to verify their accuracy and to obtain reference information on my work performance. I hereby release TGHA from any/all liability of whatever kind and nature which, at any time, could result from obtaining and/or making an employment decision based on such information.</p> <p>I understand that, if employed, falsified statements of any kind and/or omissions of facts on this application shall be considered sufficient basis for dismissal.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment at TGHA. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process, shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or TGHA may terminate my employment at any time with or without notice or cause.</p>			
SIGNATURE OF APPLICANT		DATE	