



Housing Authority of the City of Carrollton

P.O. Box 627
Carrollton, GA 30112
Office: 770-834-2046
Fax: 770-834-8708
carrolltonhousingauthority.com

APPLICATION FOR EMPLOYMENT

Position(s) Applied For: Full-Time _____ Part-Time _____ Temporary _____

Position (1) _____ Position (2) _____ Position (3) _____

Last Name First Middle

Address-Number and Street Home Phone Number

City State Zip Code Business Phone Number

When would you be available for employment? _____ What is the minimum salary you will accept? _____ Per _____

Have you been employed previously by this jurisdiction? _____ Yes _____ No

Do you have any physical handicap, disease, limitations or other disability, which should be considered in assigning you this position?
_____ Yes _____ No

Since your 17th birthday, have you ever been convicted of any violation of the law other than minor traffic violations?
_____ Yes _____ No

(A conviction will not necessarily exempt you from consideration for employment.)

Have you ever been a member of the armed services? ___ Yes ___ No Draft Status: _____ Type of Discharge: _____

Do you hold a current professional (Physician, Teaching, etc.) license? _____ Yes _____ No

Profession: _____ License Number: _____

EDUCATION:

Are you a high school graduate or do you hold a GED Certificate? _____ Yes _____ No

If "No" circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

	School Name/ Address	Hours Credit	Major	Minor	Degree	Graduation Date
Business/ Trade School						
College/ University						
College/ University						

THE CARROLLTON HOUSING AUTHORITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR PROVISION OF SERVICES

EMPLOYMENT HISTORY:

Use additional sheets if necessary.

Employed: From _____ to _____ Total Years _____ Months _____

Starting Salary: _____ Per _____ Final Salary _____ Per _____ Emp. Phone Number _____

Employer: _____ Address _____

Kind of Business: _____ Your Position: _____

Specific Duties: _____

Reasons For Leaving: _____

Employed: From _____ to _____ Total Years _____ Months _____

Starting Salary: _____ Per _____ Final Salary _____ Per _____ Emp. Phone Number _____

Employer: _____ Address _____

Kind of Business: _____ Your Position: _____

Specific Duties: _____

Reasons For Leaving: _____

Employed: From _____ to _____ Total Years _____ Months _____

Starting Salary: _____ Per _____ Final Salary _____ Per _____ Emp. Phone Number _____

Employer: _____ Address _____

Kind of Business: _____ Your Position: _____

Specific Duties: _____

Reasons For Leaving: _____

REFERENCES:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal. Applications will be kept on file for a six month period after receipt by Carrollton Housing Authority Human Resource Personnel, after which time, applications/resumes will be destroyed.

Applicant's Signature

Date

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