



# 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

Since your 17<sup>th</sup> 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
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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