

It is the policy of the Housing Authority to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status, except where age or gender are bona fide occupational requirements.

# EMPLOYMENT APPLICATION

THE HOUSING AUTHORITY  
of the City of Charleston  
550 Meeting Street  
Charleston, SC 29403

Position Applied For "Please Be Specific"

(Applications accepted only  
for vacancies advertised.)

How Were You Referred to The Housing Authority?

(PLEASE PRINT)

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Telephone Number(s)

Email

Are you currently a Housing Authority employee?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, specify dept.: \_\_\_\_\_

If you are under 18 years of age, can you provide required  
Proof of your eligibility to work?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever applied or been employed with us before?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Applied or Employed? —Circle one) If yes, give date and position: \_\_\_\_\_

Do you have any relatives employed here?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give name and relationship: \_\_\_\_\_

Are you prevented from lawfully becoming employed in  
this country because of Visa or Immigration Status?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Proof of Citizenship or immigration status will be required upon interview.)

## AVAILABILITY

Are you currently working? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any hours, shifts, or days you **cannot** or will not work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Our work sometimes requires overtime. Can you work such a schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any obligations that would keep you from work-related travel if required? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION AND TRAINING**

SCHOOL	NAME AND LOCATION	DID YOU GRADUATE?	CIRCLE LAST YR. COMPLETED	DEGREE OR CERTIFICATE	COURSE OF STUDY
High School or GED			9 10 11 12		
College			1 2 3 4		
Graduate			1 2 3 4		
Business			1 2 3 4		
Other (Specify: e.g., Military, Trade, Secretarial, etc.)			1 2 3 4		

**WHAT OTHER RELEVANT SPECIAL TRAINING OR QUALIFICATIONS DO YOU HAVE?** (Skills, Factory or Office Machines Operated, Special Courses, Foreign Languages, or any professional certificates or licenses that would especially fit you for the position.)

**SPECIALIZED SKILLS** (Check Skills/Equipment Operated)**Equipment Skills:**

Dictaphone <input type="checkbox"/>	Multi-line Phone <input type="checkbox"/>	Calculator <input type="checkbox"/>	Copier <input type="checkbox"/>	Fax Machine <input type="checkbox"/>	Computer <input type="checkbox"/>
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**Computer Skills:**

Microsoft Office <input type="checkbox"/>	Windows <input type="checkbox"/>	Word <input type="checkbox"/>	Excel <input type="checkbox"/>	Outlook <input type="checkbox"/>
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**Other Skills:** \_\_\_\_\_

**Hardware Skills:** \_\_\_\_\_

**Programming Skills:** \_\_\_\_\_

**MILITARY**

Describe any job-related training or work experience received in the United States military. (List dates of service, branch and rank at discharge.)

**ADDITIONAL INFORMATION**

Do you possess a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

May we contact all of the employers listed below? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, indicate by number which one(s) you do not wish us to contact: \_\_\_\_\_

Start with your present or last job. Include any job-related military service assignments and volunteer activities.  
(You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.)

1. Employer		Dates Employed From      To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting      Final		
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed From      To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting      Final		
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed From      To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting      Final		
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed From      To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting      Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**REFERENCES (List only persons we may contact at this time who are familiar with your work and/or character. Do not list relatives.)**

NAME	ADDRESS	PHONE NUMBER

**UNSIGNED OR INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. (Read the following carefully before you sign.)**

**PRE-EMPLOYMENT STATEMENT &  
AUTHORIZATION TO OBTAIN INFORMATION**

I hereby affirm that the information provided on the employment application of The Housing Authority (and accompanying resume, if any) is true and complete. I also agree that any false information or significant omissions will disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

In consideration of my employment, I agree to conform to the rules and regulations of the Housing Authority. I recognize that no application, brochure, policy statement, procedure, benefit plan, summary, work rules, employee handbook, or any other written or oral communication between the Housing Authority and its employees is intended to create an employment contract. I understand that the agency is an "at will" employer. The term "at will" means that both the agency and the employee have the right to terminate the employment relationship, without recourse or liability, at any time with or without just cause and with or without notice, and for any reason not prohibited by statute.

I understand and acknowledge that, aside from this employment-at-will relationship, no one other than the Chief Executive Officer of the Housing Authority has the authority to enter into any other employment contract between this agency and me, and that any such contract must be in writing and executed by me and such officer on behalf of the Housing Authority.

I authorize and agree to cooperate in any investigation of my past employment, education, and background that the Housing Authority or its authorized representative deems appropriate. I hereby authorize all individuals and organizations named or referred to in this investigation and any law enforcement organization to give the Housing Authority all information relative to such verification and investigation, and hereby release such individuals, organizations, and the Housing Authority from any and all liability for any claim or damage resulting there from.

I understand that my employment will be contingent upon my successful completion of a drug and alcohol screening by any physician, clinic or laboratory to which I am referred by the Housing Authority for examination.

I understand that if I am interviewed by the Housing Authority I must produce documentation to verify my identity and U.S. citizenship or, if an alien, my legal authorization to work in the United States, as required by federal law.

I understand that the completion of the employment application does not establish any obligation upon the Housing Authority to hire me.

I hereby acknowledge that I have read the above statements, understand them, and agree to them.

Date \_\_\_\_\_

Signature \_\_\_\_\_