



# Memphis Housing Authority

700 Adams Ave.  
 Memphis, TN 38105 Phone: (901) 544-1100  
 WWW.MEMPHISHA.ORG

## APPLICATION FOR EMPLOYMENT

- This Application Must be Filled Out Completely -  
 (PLEASE PRINT OR TYPE)

<b>1. NAME</b> (Last) _____ (First) _____ (Middle) _____	<b>2. POSITION APPLYING FOR</b> _____ <b>JOB ORDER NO.</b> _____
<b>3. PLACE OF RESIDENCE</b> (Number & Street) _____ _____ _____ _____ (City) _____ (State) _____ (Zip Code) _____	<b>4. TELEPHONE NUMBERS</b> HOME ( ) _____ - _____ WORK ( ) _____ - _____ OTHER ( ) _____ - _____
	<b>5. SOCIAL SECURITY NUMBER</b> _____ - _____ - _____

**6. DRIVER'S LICENSE** Class (Ex: A, B, C, D, etc.) \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**7. HAVE YOU EVER BEEN OR ARE YOU NOW EMPLOYED WITH MEMPHIS HOUSING AUTHORITY?** YES \_\_\_ NO \_\_\_  
 IF YES, YOUR JOB TITLE \_\_\_\_\_  
 NAME OF IMMEDIATE SUPERVISOR \_\_\_\_\_  
 DATES OF EMPLOYMENT: From \_\_\_\_\_ To \_\_\_\_\_. IF NOT CURRENTLY EMPLOYED, REASON FOR LEAVING \_\_\_\_\_

**8. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANYONE EMPLOYED BY MEMPHIS HOUSING AUTHORITY?** YES \_\_\_ NO \_\_\_  
 IF YES, STATE NAME OF RELATIVE AND RELATIONSHIP TO YOU.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**9. HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES?** YES \_\_\_ NO \_\_\_ BRANCH \_\_\_\_\_  
 IF YES, DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_ TYPE OF RELEASE/DISCHARGE\* \_\_\_\_\_  
 \* A dishonorable or general discharge is not an absolute bar to employment, and other factors will affect a final decision to hire or not to hire.

**10. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS?** YES \_\_\_ NO \_\_\_ IF YES,  
 EXPLAIN\*:  
 \* A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.

**11. \* ARE YOU A RESIDENT OF MEMPHIS HOUSING AUTHORITY?** YES \_\_\_ NO \_\_\_

**12. ARE YOU WILLING TO WORK** PART-TIME? YES \_\_\_ NO \_\_\_ TEMPORARY? YES \_\_\_ NO \_\_\_

**13. DATE AVAILABLE TO WORK** \_\_\_\_\_ IMMEDIATELY \_\_\_\_\_ OTHER (Explain) \_\_\_\_\_

CONTINUE ON NEXT PAGE

— AN EQUAL OPPORTUNITY EMPLOYER —

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
 (Please Print)

## EDUCATION AND TRAINING

IF THE POSITION YOU ARE APPLYING FOR REQUIRES COLLEGE EDUCATION, PROOF MUST BE SUBMITTED

### 14. HIGH SCHOOL

NAME/LOCATION	DATES ATTENDED		CIRCLE LAST GRADE COMPLETED	DID YOU GRADUATE?	GED?	LAST YEAR ATTENDED
	FROM	TO				
			1 2 3 4 5 6 7 8 9 10 11 12	<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> NO        _____	<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> NO        _____	

### 15. COLLEGE

NAME/LOCATION	DATES ATTENDED		DID YOU GRADUATE?	MAJOR	MINOR
	FROM	TO			
			<input type="checkbox"/> YES TYPE DEGREE _____ DATE RECEIVED _____ <input type="checkbox"/> NO TOTAL SEM HRS. _____ TOTAL QTR HRS. _____		
			<input type="checkbox"/> YES TYPE DEGREE _____ DATE RECEIVED _____ <input type="checkbox"/> NO TOTAL SEM HRS. _____ TOTAL QTR HRS. _____		
			<input type="checkbox"/> YES TYPE DEGREE _____ DATE RECEIVED _____ <input type="checkbox"/> NO TOTAL SEM HRS. _____ TOTAL QTR HRS. _____		

### 16. GRADUATE OR PROFESSIONAL SCHOOL

NAME/LOCATION	DATES ATTENDED		DID YOU GRADUATE?	MAJOR	MINOR
	FROM	TO			
			<input type="checkbox"/> YES TYPE DEGREE _____ DATE RECEIVED _____ <input type="checkbox"/> NO TOTAL SEM HRS. _____ TOTAL QTR HRS. _____		
			<input type="checkbox"/> YES TYPE DEGREE _____ DATE RECEIVED _____ <input type="checkbox"/> NO TOTAL SEM HRS. _____ TOTAL QTR HRS. _____		
			<input type="checkbox"/> YES TYPE DEGREE _____ DATE RECEIVED _____ <input type="checkbox"/> NO TOTAL SEM HRS. _____ TOTAL QTR HRS. _____		

### 17. OTHER SCHOOLS, CERTIFICATIONS, TRAINING, REGISTRATIONS, LICENSING, ETC.

(TRADE, VOCATIONAL, MILITARY, BUSINESS, TECHNICAL, PROFESSIONAL, ETC.)

NAME OR TYPE	INDICATE TIME ATTENDED (Circle One)			DID YOU COMPLETE THE PROGRAM?	TYPE/TITLE ACQUIRED (LICENSE, CERT., ETC.)	MAJOR AREA OF STUDY
	3 MOS	6 MOS	12 MOS			
	24 MOS	OTHER _____		<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> NO        _____		
	24 MOS	OTHER _____		<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> NO        _____		
	24 MOS	OTHER _____		<input type="checkbox"/> YES    DATE _____ <input type="checkbox"/> NO        _____		

### 18. LIST ALL ADDITIONAL EXPERIENCE, TRAINING, EDUCATION, SKILLS OR QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (EXAMPLES: "TYPING 35 WORDS PER MINUTE" OR "OPERATE DUMP TRUCK," ETC., LIST SPECIFIC COURSE WORK [HIGH SCHOOL, COLLEGE, CONTINUING EDUCATION].)

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NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(Please Print)

## EMPLOYMENT RECORD

**19.** BEGIN WITH YOUR PRESENT EMPLOYMENT. IF UNEMPLOYED, BEGIN WITH YOUR IMMEDIATE PAST EMPLOYMENT. EXPLAIN ANY GAPS IN YOUR WORK HISTORY. BE SPECIFIC AND COMPLETE. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL SHEETS AND ATTACH TO THIS FORM. **DO NOT ATTACH A RESUME.**

Employing Firm _____	(Area Code & Number) Phone _____	Annual Salary _____ (beginning) (ending)
Address _____ (Street) (City) (State) (Zip Code)		Title _____
Specific Duties/Responsibilities _____ _____ _____		Supervisor _____
		From _____ (Month) (Year)
		To _____ (Month) (Year)
Reason for leaving _____ _____		Full Time _____ Part Time _____
		Number of Hours per week _____

Employing Firm _____	(Area Code & Number) Phone _____	Annual Salary _____ (beginning) (ending)
Address _____ (Street) (City) (State) (Zip Code)		Title _____
Specific Duties/Responsibilities _____ _____ _____		Supervisor _____
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		Number of Hours per week _____

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NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(Please Print)

Employing Firm _____	(Area Code & Number) Phone _____	Annual Salary _____ (beginning) (ending)
Address _____ (Street) (City) (State) (Zip Code)		Title _____
Specific Duties/Responsibilities _____		Supervisor _____
_____		From _____ (Month) (Year)
_____		To _____ (Month) (Year)
Reason for leaving _____		Full Time _____ Part Time _____
_____		Number of Hours per week _____

**IMPORTANT: CHECK TO SEE THAT YOU HAVE ANSWERED EVERY QUESTION COMPLETELY AND ACCURATELY. ACCEPTANCE OR REJECTION OF THIS APPLICATION MAY DEPEND UPON THE INFORMATION YOU HAVE GIVEN HEREON.**

**IMPORTANT**

IN ACCORDANCE WITH FEDERAL LAW, IT IS THE POLICY OF MEMPHIS HOUSING AUTHORITY TO EMPLOY ONLY U. S. CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. IF HIRED, PROOF OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED.

THE MEMPHIS HOUSING AUTHORITY COMPLIES WITH PUBLIC LAW 100-690, "THE DRUG-FREE WORKPLACE ACT OF 1988," AND IS COMMITTED TO PROVIDING A DRUG-FREE WORKPLACE FOR CITY EMPLOYEES. ALL EMPLOYEES ARE REQUIRED TO SUCCESSFULLY COMPLETE A PRE-EMPLOYMENT MEDICAL EXAMINATION WHICH WILL INCLUDE A LABORATORY TEST TO DETERMINE ILLEGAL DRUG USE. THE RESULTS OF THE EXAMINATION WILL BE RELEASED TO THE DIRECTOR OF HUMAN RESOURCES AND THE RESULTS OF THE LABORATORY TEST TO DETERMINE ILLEGAL DRUG USE SHALL BE A FACTOR IN DETERMINING SUITABILITY FOR EMPLOYMENT.

I HEREBY GIVE PERMISSION TO THE MEMPHIS HOUSING AUTHORITY HUMAN RESOURCES DEPARTMENT OR ITS DULY AUTHORIZED REPRESENTATIVE TO CONTACT ANY PERSONS OR COMPANIES NAMED IN THIS STATEMENT AND TO VERIFY ANY AND ALL EDUCATION AND EMPLOYMENT HISTORY THAT I HAVE GIVEN ON THIS STATEMENT.

I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO FURNISH THEIR RECORDS OF MY SERVICE, MY REASONS FOR LEAVING THEIR EMPLOY, TOGETHER WITH ALL INFORMATION THEY MAY HAVE CONCERNING ME. I ALSO RELEASE ANY INDIVIDUAL PARTNERSHIP, OR CORPORATION WHICH FORMERLY EMPLOYED ME, ITS OFFICERS, AGENTS AND EMPLOYEES, FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION.

I HEREBY CERTIFY THAT THIS FORM CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION: THAT INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM THE EMPLOYMENT LIST AND I MAY BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR POSITIONS WITH THE MEMPHIS HOUSING AUTHORITY, OR MY EMPLOYMENT WITH THE MEMPHIS HOUSING AUTHORITY MAY BE TERMINATED. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY THE AUTHORITY'S MANUAL OF OPERATIONS AND ALL RULES AND REGULATIONS OF THE MEMPHIS HOUSING AUTHORITY.

Signature of Applicant \_\_\_\_\_

Today's Date \_\_\_\_\_

**THIS APPLICATION MUST BE RETURNED TO THE MEMPHIS HOUSING AUTHORITY HUMAN RESOURCES DEPARTMENT ALONG WITH A RESUME, BY THE JOB CLOSING DATE.**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.**

## APPLICANT FLOW SURVEY

TO ALL APPLICANTS: YOUR COOPERATION AND ASSISTANCE IN OUR EFFORTS TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY WOULD BE APPRECIATED. THE INFORMATION REQUESTED IN THE FOLLOWING QUESTIONS WILL NOT EFFECT YOU AS AN APPLICANT. THIS INFORMATION WILL BE USED TO DETERMINE IF OUR RECRUITMENT EFFORTS ARE REACHING ALL SEGMENTS OF THE COMMUNITY AND TO MEET FEDERAL REPORTING REQUIREMENTS. THIS INFORMATION WILL NOT BE PLACED IN YOUR PERSONNEL FILE AND WILL NOT BE GIVEN TO ANYONE WHO MAKES HIRING DECISIONS, AND WHEN DETACHED BECOMES THE SOLE PROPERTY OF THE HUMAN RESOURCES DIVISION OF THE MEMPHIS HOUSING AUTHORITY.

**POSITION APPLYING FOR :** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>NAME</b> (Last) _____ (First) _____ (Middle) _____	<b>DATE OF BIRTH</b> (if under 18 years of age) _____	<b>SOCIAL SECURITY NUMBER</b> _____	<b>SEX</b> Male _____ Female _____
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Are you able to perform the essential functions of the position for which you are applying? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, explain: \_\_\_\_\_

<b>RACE:</b> _____ White _____ Black _____ Hispanic _____ Asian or Pacific Islander _____ Amer. Indian or Alaskan Native	<b>Are you a citizen or national of the United States or an Alien lawfully admitted to work in the United States?</b> YES _____ NO _____ If no, explain _____
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Are you a veteran ? \_\_\_ YES \_\_\_ NO

Disabled veteran ? \_\_\_ YES \_\_\_ NO

Vietnam veteran ? \_\_\_ YES \_\_\_ NO

## PROFESSIONAL REFERENCES

NAME OF PROFESSIONAL REFERENCE	JOB TITLE	PHONE NUMBER	EMAIL ADDRESS
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NAME OF PROFESSIONAL REFERENCE	JOB TITLE	PHONE NUMBER	EMAIL ADDRESS
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NAME OF PROFESSIONAL REFERENCE	JOB TITLE	PHONE NUMBER	EMAIL ADDRESS
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## APPLICANT FLOW SURVEY (CONTINUED)

**HOW DID YOU LEARN ABOUT THIS JOB (CHECK ALL THAT APPLY)**

\_\_\_ RADIO OR T.V.

\_\_\_ NEWSPAPER

\_\_\_ MAGAZINE/PERIODICAL

\_\_\_ COLLEGE/TECH SCHOOL

\_\_\_ HIGH SCHOOL

\_\_\_ WALK-IN

\_\_\_ CITY GOVERNMENT EMPLOYEE

\_\_\_ CITY RECRUITING TEAM

\_\_\_ WOMEN'S GROUP REFERRAL SOURCE

\_\_\_ MINORITY GROUP REFERRAL SOURCE

\_\_\_ DISABILITY GROUP REFERRAL SOURCE

\_\_\_\_\_