

Name: \_\_\_\_\_

Position: \_\_\_\_\_

# Employment Application Decatur Housing Authority



750 Commerce Drive Suite 110  
Decatur GA 30030

404-270-2100  
TTD/TTY 1-800-545-1833 x852

[www.decaurhousing.org](http://www.decaurhousing.org)

If you need a disability-related accommodation, please call Personnel Office at 404-270-2109

# DECATUR HOUSING AUTHORITY

## Employment Application



Position(s) Applied For	Date of Application
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other _____	

### APPLICANT INFORMATION

Last Name	First	Middle	
Street Address			Apartment/ Unit #
City		State	ZIP
Home Phone		Cell Phone	
E-mail Address			
Social Security Number		Date of Birth:	
Driver's License Number:		State	Expiration Date:
Has your Driver's License ever been suspended or revoked?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Explain:

### BACKGROUND INFORMATION

Have you ever been arrested, convicted of or pled guilty to any felony or misdemeanor, or entered a plea of nolo contendere to a crime in the last seven (7) years, or do you have any criminal charges pending against you? (attach additional pages if needed)		YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes" what charges?		
Where convicted?	Date of Conviction:	
<i>NOTE: A "YES" answer to this question will not automatically disqualify you for employment. The nature, job-relatedness, severity, and date of offense are considered.</i>		

### MILITARY SERVICE

Branch	From	To	
Rank at Discharge	Type of Discharge		
If other than honorable, explain			

### JOB INTEREST

Date Available:	Desired Salary		
May we contact you at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phone Number:
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any friends or relatives working here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who & Relationship
Are you able to meet the attendance requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain
Will you work overtime if required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain
Type of Employment desired:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>

**EDUCATION****High School**

From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Grade Completed:	GED <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
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**College**

From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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**College**

From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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**Other**

From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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List any certifications, licenses or professional designations you hold:

Certifying organization	Certification	Year Received

List any foreign language(s) known:

Check the box that best describes your skill level

	Read & Speak <input type="checkbox"/>	Read & Write <input type="checkbox"/>	Read Only <input type="checkbox"/>	Speak Only <input type="checkbox"/>
	Read & Speak <input type="checkbox"/>	Read & Write <input type="checkbox"/>	Read Only <input type="checkbox"/>	Speak Only <input type="checkbox"/>

**REFERENCES**

Please list three professional references.

Full Name	Years Known
Relationship	Phone ( )
Address	

Full Name	Years Known
Relationship	Phone ( )
Address	

Full Name	Years Known
Relationship	Phone ( )
Address	

**KNOWLEDGE/SKILLS/ABILITIES**

List additional skills, knowledge or abilities you possess and believe relevant to the position you seek or would like us to consider in the hiring process:


**PREVIOUS EMPLOYMENT***Attach additional pages if needed*

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Explain any gaps in employment:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that if this application leads to employment, false or misleading information or omission of facts in this application or during my interview shall be considered sufficient cause for dismissal.

Signature

Date

## VOLUNTARY AFFIRMATIVE ACTION DATA FORM

The Housing Authority of the City of Decatur is an EQUAL OPPORTUNITY EMPLOYER. We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, disability, veteran status or any other legally protected class. As required by law, we must record certain information. Periodic reports are provided to the Federal Government regarding the following Affirmative Action information.

The completion of this Form is optional - - it is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate by completing this form, we thank you for your cooperation.

Date of Application					
Last Name			First		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:		
Job(s) Applying For:					

Please check the box below that corresponds to the category that best identifies your race/ethnic background:

<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe (except Spain), North America, the Middle East, or North Africa.
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.
<input type="checkbox"/> Asian/Pacific Islander	A person having origins in any of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands
<input type="checkbox"/> Other	Specify:

Please check the box below if applicable. Self-identification of disability status is essential for effective affirmative action data collection and analysis. If you chose to self-identify your disability status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

Disabled

Please check all boxes below that apply. Identification of veteran status is essential for effective affirmative action data collection and analysis. If you chose to identify your veteran status, the information you provide will be used for statistical purposes only and will not effect your employment in any way.

Active Duty Military

Retired

Reservist

Veteran

## CONSENT FOR CRIMINAL BACKGROUND CHECK – AUTHORIZATION/WAIVER/INDEMNITY

I hereby give my permission and authorization to the Housing Authority of the City of Decatur, Georgia (“DHA”) to obtain information relating to my criminal history record. The criminal history record, as received from reporting agencies including Federal, State and local criminal justice agencies, may include arrest and conviction data, plea bargains, deferred adjudications, and delinquent conduct that I committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a position at DHA. I also understand that for as long as I remain an employee DHA, my criminal history records may be requested and reviewed at any time. I authorize that a photocopy of this Consent is as valid as the original for purposes of obtaining the required information. I understand that if I make a request, I will have an opportunity to review the criminal history records received by DHA, and I further understand that I am entitled to a conference with DHA if I dispute the record as received. I understand that my criminal history record could obtain information presumed to have been expunged.

*I hereby affirm that my answers to the questions below are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted on this Consent form may result in my disqualification or dismissal.*

I do, for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify DHA and each of its officers, directors, employees and agents and hold them harmless from and against any and all causes of action, suits, liabilities, costs, damages, sums of money, claims, and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of DHA) and any and all related attorney’s fees, court costs and other expenses resulting from the investigation of my criminal background in connection with my application for employment.

Date of Application					
Last Name		First		Middle	
Street Address				Apartment/Unit #	
City			State	ZIP	
Social Security Number					
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:		
Alias / Maiden Name (Any other names used):					

**ADDRESS HISTORY (past ten years required)**

Prior Address:					
	Street/Apt. #/City/State/Zip				
Prior Address:					
	Street/Apt. #/City/State/Zip				
Prior Address:					
	Street/Apt. #/City/State/Zip				

**I authorize, without reservation, any party contacted with this Consent form to furnish any and all of the above-mentioned information.**

Signature:		Date:	
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**OFFICE USE ONLY:**

Criminal History search completed by:		on	
Sex Offender Search completed by:		on	

## FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION FORM

In connection with my application for employment and, if hired, my subsequent employment with the Housing Authority of the City of Decatur, Georgia ("DHA"), I understand that DHA will conduct a background investigation which includes requesting from an independent consumer reporting agency a consumer report or investigative consumer report, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681).

I acknowledge receipt of the three-page summary of consumer rights titled *A Summary of Your Rights under the Fair Credit Reporting Act*.

I understand that upon my written request, provided such request is made within a reasonable period of time after the date of a report, a complete disclosure of the nature and scope of the report will be made to me in writing within five days of the date on which my request was received.

I hereby authorize DHA to request a consumer report or investigative report about me for employment-related purposes regarding my application for employment with DHA and during the course of my employment with DHA, to the extent allowed by law. I acknowledge that this Disclosure and Authorization Form will be valid now and during the course of my DHA employment, in original, faxed, copied or electronic form.

I further authorize any investigator or other duly-accredited agent of DHA conducting my background investigation to obtain any information relating to my activities from individuals, educational institutions, corporations, employers, courts, criminal justice agencies, law enforcement agencies, licensing agencies, governmental agencies or departments (including tax administration agencies and military services), credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, residential management agent, or other sources of information. Such information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, and employment history, my driving record, criminal history, and financial and credit information. I agree to release the aforesaid from any liability for collecting such information. I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly-accredited agent of DHA regardless of any prior agreement to the contrary.

Signature:		Date:	
Last Name	First	Middle	
Other Names Used: (Please Print)			
<b>INFORMATION FOR CONSUMER REPORTING AGENCY</b>			
Social Security Number	Date of Birth:		
Street Address	Apartment/Unit #		
City	State	ZIP	
Driver's License Number:	State	Expiration Date:	

### ADDRESS HISTORY (past ten years required)

Prior Address:		Dates
	Street/Apt. #/City/State/Zip	
Prior Address:		Dates
	Street/Apt. #/City/State/Zip	
Prior Address:		Dates
	Street/Apt. #/City/State/Zip	
Prior Address:		Dates
	Street/Apt. #/City/State/Zip	

When applicants are recruited for open positions, completed applications on file are reviewed based on general employment interests and specific job interests noted by applicants. Applicants having education, training, and experience most closely related to the job performance requirements of the position are contacted to arrange interviews.

I understand that the Authority will thoroughly investigate my work and personal history and verify all data given on this application on related papers, and in interviews. I have signed the "Consent and Authorization for Release of Information" form authorizing the provision of information, and I release those providing information from all liability for damage in providing this information.

I understand that the Authority follows an employment-at-will policy, in that I or the Authority may terminate my employment at any time, or for any reason consistent with the Authority's Personnel Policies. I understand that no representative of the Authority has the authority to make any assurances to the contrary. I understand that this application is not an offer of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the Authority documents that will prove this. I understand that applications are kept on file for one year. During that period, I do not have to submit a new application to apply for any other job posting. Instead, I will notify the Housing Authority's staff in writing that I would like to be considered for another specific opening.

An applicant is responsible for contacting the Housing Authority if they wish to be considered for a specific opening.

**APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE**

Interviewed By:		Date:	
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Comments/Recommendations:	

	Signature:	
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Department Head Comments/Recommendations/Approval/Disapproval:	

	Signature:	
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Starting Date:		Salary:	
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Position Title:		Classification	
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Executive Director Comments/Recommendations/Approval/Disapproval:	

	Signature:	
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