

Beaufort Housing Authority
P.O. Box 1104
Beaufort, SC 29901

Application for Employment

ATTN: Incomplete applications will not be processed

Position Applying For: _____

Personal Data

Name: _____ Social Security Number: _____

Address: _____ City, _____ State, _____ Zip: _____

Home Telephone: () _____ Business Telephone: () _____

Driver's License # and State: _____ CDL # and Class: _____

Email Address _____

Educational Data					
Education	Name And Location	Number of Years Completed	Did you Graduate?	Diploma/Degree	Major of Course of Study
High School					
Business/Trade/Technical School					
College					
Graduate School					
Other					

Special Skills

List any special skills or qualifications you have (including certifications, licenses, etc.).

Beaufort Housing Authority is an Equal Opportunity Employer and welcomes employees without regard to race, color, religion, national origin, sex, age or qualified disability. If you have questions regarding services or accommodations for employees with disabilities, please contact the Employee Services Coordinator.

Answer each question completely. Do not put "see resume" for any section other than a description of duties. List work history including part-time, temporary, self-employment and military service beginning with your present or most recent position. You may list verifiable volunteer experience also.

1

Name of Company: _____ Address, City, State, Zip: _____

Starting Date: Month _____ Yr _____ Entry Job Title: _____ Salary: \$ _____ Per _____

Ending Date: Month _____ Yr _____ Ending Job Title: _____ Salary: \$ _____ Per _____

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

May we contact this Employer? Yes _____ No _____ Telephone Number: () _____

Reason for Leaving: _____

2

Name of Company: _____ Address, City, State, Zip: _____

Starting Date: Month _____ Yr _____ Entry Job Title: _____ Salary: \$ _____ Per _____

Ending Date: Month _____ Yr _____ Ending Job Title: _____ Salary: \$ _____ Per _____

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

May we contact this Employer? Yes _____ No _____ Telephone Number: () _____

Reason for Leaving: _____

3

Name of Company: _____ Address, City, State, Zip: _____

Starting Date: Month _____ Yr _____ Entry Job Title: _____ Salary: \$ _____ Per _____

Ending Date: Month _____ Yr _____ Ending Job Title: _____ Salary: \$ _____ Per _____

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

May we contact this Employer? Yes _____ No _____ Telephone Number: () _____

Reason for Leaving: _____

4

Name of Company: _____ Address, City, State, Zip: _____

Starting Date: Month _____ Yr _____ Entry Job Title: _____ Salary: \$ _____ Per _____

Ending Date: Month _____ Yr _____ Ending Job Title: _____ Salary: \$ _____ Per _____

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

May we contact this Employer? Yes _____ No _____ Telephone Number: () _____

Reason for Leaving: _____

5

Name of Company: _____ Address, City, State, Zip: _____

Starting Date: Month _____ Yr _____ Entry Job Title: _____ Salary: \$ _____ Per _____

Ending Date: Month _____ Yr _____ Ending Job Title: _____ Salary: \$ _____ Per _____

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

May we contact this Employer? Yes _____ No _____ Telephone Number: () _____

Reason for Leaving: _____

6

Name of Company: _____ Address, City, State, Zip: _____

Starting Date: Month _____ Yr _____ Entry Job Title: _____ Salary: \$ _____ Per _____

Ending Date: Month _____ Yr _____ Ending Job Title: _____ Salary: \$ _____ Per _____

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

May we contact this Employer? Yes _____ No _____ Telephone Number: () _____

Reason for Leaving: _____

Are you legally authorized to work in the United States? Yes _____ No _____

Have you ever been employed by Beaufort Housing Authority? Yes _____ No _____
What Year? _____

Are you related to anyone presently employed by Beaufort Housing Authority? Yes _____ No _____

If "Yes", give name and relationship: _____

Personal References

Give the names and address of three persons, not relatives or former employers, who know you.

Name	Address, City, State, Zip	Telephone Number
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Name	Address, City, State, Zip	Telephone Number
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Name	Address, City, State, Zip	Telephone Number
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN.

I certify that all answers given herein **are true and complete to the best of my knowledge.**

I hereby authorize Beaufort Housing Authority to conduct whatever investigation it deems necessary to confirm statements submitted on this application. **If the investigation determines any untrue statements or answers, I accept this as sufficient reason for refusal to hire.**

I authorize and request each person former employer, firm, or corporation, given as reference, to answer any and all questions related to my current and past work performance, character or skills. I hereby release from liability, the employer and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

In the event of employment, I understand that false or misleading information given on my application or during my interview(s), may result in dismissal. I also understand that I am required to abide by all rules and regulations of my employer.

As prerequisite to my employment, **I agree that I will consent to and undergo testing to detect the presence of drugs and/or alcohol.** If employed by Beaufort Housing Authority, I further agree, as a condition of my employment, that at such time or times during my employment at Beaufort Housing Authority shall require, I will consent to and undergo testing for the presence of drugs and/or alcohol. I also agree that at the time of such examinations, I will execute all forms of consent and release of liability as are usually and reasonable attendant to such examination. Finally, I agree that the results of any such examination shall be made available to Beaufort Housing Authority or its agents.

I agree to submit myself, upon request, for a physical examination by a physician selected by the Beaufort Housing Authority and understand that failure to meet the physical requirements may disqualify me for employment. IN the event of my employment, I understand that I have the right to quit or leave my employment and that I further understand, my employer has the right to terminate my employment at any time for any reason or for no reason in accordance with my employer's Personnel Policies.

Applicant Signature: _____ Date: _____

ALL APPLICANTS NOT CONTACTED WITHIN 30 WORKING DAYS AFTER APPLICATION CLOSING DATE, MAY CONSIDER THE POSITION FILLED.

Applicants, submit this page with your application

**For Internal Office Use Only
Screening and Interviewing Report**

To the Interviewer:

The criteria used in selecting applicants for interviews must be applied consistently to all applicants. Selection of an applicant should not be based on race, religion, creed, sex, age, disability, or national origin. The applications you receive for this position have been screened and meet the minimum job requirements as posted. This form must be completed, signed and returned to the Employee Services Division after you have selected the applicant that is best suited for the vacant position.

Name of Applicant

Department

Position

To Be Completed By the Interviewer:

1. Was the applicant interviewed? Yes _____ No _____

A. If Yes, Date interviewed. _____

Comments: _____

B. If No, why not?

1. Unable to reach for interview
2. Did not show up for interview
3. Cannot meet work schedule.
4. Other (Specify) _____

2. Is the applicant recommended for hire? Yes _____ No _____

A. If Yes, Why? _____

B. If No, why not?

1. Cannot meet work schedule.
2. Less experience than person considered/selected
3. Less related training/education than person considered/selected.
4. Less skills than person considered/selected.
5. Failure to pass required test(s).
6. Other (Specify) _____

Interviewer's Signature: _____ **Date:** _____