

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: _____
	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 _____
2	Detailed Description of Duties: _____ _____ _____
	Name and Title of Supervisor: _____
	May we contact this Employer? Yes _____ No _____ Telephone Number: ( _____ ) _____
	Reason for Leaving: _____
	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: ( _____ ) _____
3	Reason for Leaving: _____

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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: \_\_\_\_\_

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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

\_\_\_\_\_  
Name Address, City, State, Zip Telephone Number

\_\_\_\_\_  
Name Address, City, State, Zip Telephone Number

**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. I also agree to a review of my criminal and credit histories.** 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 usual and reasonable 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's 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:** \_\_\_\_\_

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) \_\_\_\_\_

An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date *(month/day/year)* \_\_\_\_\_

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name *(if applicable)* \_\_\_\_\_ B. Date of Rehire *(month/day/year)* *(if applicable)* \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date *(if any)*: \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date *(month/day/year)* \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport, and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.