



APPLICATION FOR EMPLOYMENT
3432 W 45th Street
West Palm Beach, FL 33407
561.684.2160

The Palm Beach County Housing Authority is an equal opportunity employer. The PBCHA does not discriminate and no questions on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran's status, the presence of a disability, or any other legally protected status. Equal access programs, services and employment are available to all persons. The application must be filled out completely. A resume will not be accepted in lieu of a completed application.

Position (s) applied for: _____ Date of application: _____

Full Time Part Time Temporary

Name: _____
 Last First Middle

Address: _____
 Street City State Zip Code

Home Phone: _____ Cell/Other Phone: _____

Email: _____

PERSONAL INFORMATION

Alternate Address: _____
 Street Apt City/State Zip

Are you 18 years or Older: Yes No

Are you legally eligible for employment in this country? Yes No

Do you live in a PBCHA Community? Yes No If yes where: _____



Are you a PBCHA Section 8 Participant? Yes No

Date you can start: _____ Salary desired: _____

Are you willing to work overtime? Yes No

Have you ever worked for PBCHA before? Yes No If so when (dates): _____

Name of Supervisor when you worked for PBCHA: _____

Reason for leaving: _____

Referred by: _____

Do you have any friends, relatives or acquaintances working for PBCHA: Yes No

If yes who: _____

EDUCATION

| Institution | Name & Location of School | Number of Years Completed | Degree/Major |
|--------------------------------------|---------------------------|---------------------------|--------------|
| High School | | | |
| College or University | | | |
| Specialized Training or Trade School | | | |
| Other Education | | | |



EMPLOYMENT HISTORY

List below the last three employers starting with the most recent one.

| | | | |
|---|--|-------------|------|
| Name of Present Employer: | | | |
| Address: | City: | State: | Zip: |
| Starting Date: | Ending Date: | Job Title: | |
| Hourly Pay: | May we Contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Supervisor: | | Telephone # | |
| Description of Work Duties or Work Performed: | | | |
| Reason for Leaving: | | | |

| | | | |
|---|--------------|-------------|------|
| Name of Prior Employer: | | | |
| Address: | City: | State: | Zip: |
| Starting Date: | Ending Date: | Job Title: | |
| Hourly Pay: | | | |
| Name of Supervisor: | | Telephone # | |
| Description of Work Duties or Work Performed: | | | |
| Reason for Leaving: | | | |



| | | | |
|---|--------------|-------------|------|
| Name of Prior Employer: | | | |
| Address: | City: | State: | Zip: |
| Starting Date: | Ending Date: | Job Title: | |
| Hourly Pay: | | | |
| Name of Supervisor: | | Telephone # | |
| Description of Work Duties or Work Performed: | | | |
| | | | |
| Reason for Leaving: | | | |

SKILLS AND QUALIFICATION

Please list your areas of highest proficiency, special skills, license, certifications or other items that may contribute to your abilities in performing the above mentioned position.

ADDITIONAL INFORMATION

List professional, trade, business or civic associations, and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserved National Guard or any other similarly protected status.

| ORGANIZATION | OFFICES HELD |
|--------------|--------------|
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| | |



List special accomplishments, publications, awards, etc.

Exclude membership that would reveal race, color, religion, sex, national origin, citizenship, age mental or physical disabilities, Veterans/Reserve National Guard or any other similarly protected status.

REFERENCES

List the names of three people other than relatives or previous employers.

| | Name | Phone Number | Relationship | Years Acquainted |
|---|------|--------------|--------------|------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

The PBCCHA performs a criminal records background check on all new employees as a condition of employment. A traffic offense records check will also be conducted as a condition of employment on employees who operate PBCCHA motor vehicles.

Do you possess a current valid driver's license? Yes No State Issuing License: _____

Driver's License Number: _____ Expiration Date: _____

Have you ever had a driver's license suspended or revoked in any state? Yes No

If yes, list the state and the reason for the suspension or revocation:



HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU NOW UNDER CHARGES FOR, ANY FELONY AND CIVIL THEFT OFFENSE NO YES

If yes, explain number of convictions, nature of offense (s), leading to conviction(s), how recently such offense(s) was/were committed, pleas of no contest, sentence(s) imposed and type(s) of rehabilitation.

I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be grounds for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability that may result from furnishing the same to you. This application does not create any promised or contractual obligation between PBCHA and the applicant. If hired, employment with PBCHA is at will, which means I am free to terminate my employment at any time, for any reason, with or without cause and PBCHA has the same right. This application will stay on file for 6 months from the date of the application.

Signature

Date

To Be Completed by Employer Only.

| | |
|---------------|-------|
| Interview By: | Date: |
| Comments | |
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|--------------------------------|-------|
| Hire (Date) for Dept.: | Date: |
| Position: | |
| Salary Wages: | |
| | |
| Approved by Department Head: | Date: |
| | |
| Approved by Executive Director | Date: |
| | |
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