

EDUCATIONAL RECORD

	Elementary	High School	College/University	Graduate/Professional
School Name				
Check Years Completed	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course(s) of Study				

Honors and/or Awards Received: _____

What specialized training have you completed? _____

Give names, addresses and telephone numbers of three references who are not related to you and are not previous employers:

Name	Address	Telephone No.	Years Known

Drivers License # _____

State of Issue _____

Date of Expiration _____

NOTICE

The driving record of any employment candidate for a position involving continuous or periodic driving on a frequent basis will be examined before or as a condition of hiring.

Any one of the following motor vehicle records (MVRs) will prevent employment of the applicant:

1. A DUI/DWI conviction within the last three (3) years.
2. A hit-and-run conviction within the last three (3) years.
3. Any combination of four (4) accidents and/or moving violations within the last three (3) years.
4. Two (2) accidents, or a combination of one (1) accident plus two (2) moving violations within the last one (1)-year period.
5. Any license suspension or revocation within the last three (3) years.

EMPLOYMENT HISTORY

Give details of your last five employers and, where necessary, list other previous positions that will account for your employment record over the past ten years. List present or most recent positions first and account for all lapses of time. Include details of military service where service specialties or duties are relevant to the job or position you are seeking.

Company Name/Address/Phone:	
Title:	Last Base Rate of Pay:
Employment Dates: / to / . mo/yr mo/yr	Reason for Leaving: (Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	

Company Name/Address/Phone:	
Title:	Last Base Rate of Pay:
Employment Dates: / to / . mo/yr mo/yr	Reason for Leaving: (Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	

Company Name/Address/Phone:	
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Title:	Last Base Rate of Pay:
Employment Dates: / to / . mo/yr mo/yr	Reason for Leaving: (Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	

Date _____

Position Applied For _____

KANSAS CITY, KANSAS HOUSING AUTHORITY

Equal Employment Opportunity Survey

The following information is needed to accurately fulfill Federal reporting requirements. This information will be immediately separated from your application and will in no way influence your chances for employment with our organization.

PLEASE CHECK THE APPROPRIATE BOX.

SEX Male Female

AGE Under 18 18-29 30-39 40 and over

EDUCATION

- | | |
|--|---|
| 1. <input type="checkbox"/> Less than High School | 5. <input type="checkbox"/> Vocational or Business School |
| 2. <input type="checkbox"/> High School Diploma or GED | 6. <input type="checkbox"/> College (no degree) |
| 3. <input type="checkbox"/> AA Degree | 7. <input type="checkbox"/> Other _____ |
| 4. <input type="checkbox"/> BA/BS Degree | <i>(specify)</i> |

RACE/ETHNIC GROUP

- | | | |
|---|--|--------------------------------------|
| 1. <input type="checkbox"/> American Indian | 3. <input type="checkbox"/> African/American | 5. <input type="checkbox"/> Hispanic |
| 2. <input type="checkbox"/> Asian | 4. <input type="checkbox"/> White | |

DISABILITY - Are there any special accommodations needed to perform the duties of the position for which you are applying?

- | | | |
|---------------------------------|--------------------------------|---------------------|
| 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | If yes, list: _____ |
|---------------------------------|--------------------------------|---------------------|

MARITAL STATUS Single Married Widowed Divorced Separated

VETERAN STATUS No Yes

HOW DID YOU LEARN ABOUT THIS JOB

- | | | | | |
|--|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1. Walk-In | <input type="checkbox"/> 2. Housing Authority Employee | <input type="checkbox"/> 3. Friend | <input type="checkbox"/> 4. School | <input type="checkbox"/> 5. Web Site |
| <input type="checkbox"/> 6. Job Service Center | <input type="checkbox"/> 7. Newspaper _____ | <input type="checkbox"/> 8. Other _____ | | |