



## EDUCATIONAL RECORD

	Elementary	High School	College/University	Graduate/Professional
School Name				
Circle Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 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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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:	

**OTHER PREVIOUS POSITIONS HELD**

Employment Dates (Mo/Yr-Mo/Yr)	Company Name	Company Street Address City and State	Title	Last Base Rate of Pay	Reason Left
_____ - _____		-----			
_____ - _____		-----			
_____ - _____		-----			
_____ - _____		-----			

May your present employer be contacted?       Yes       No

Why are you interested in seeking employment with the Kansas City, Kansas Housing Authority?

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What do you consider to be your greatest qualification for the job you are applying for?

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that all information contained in this application is subject to investigation.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. I am also aware that only applicants who meet the minimum job requirements will be considered.

I understand that, if offered employment, I must submit to a drug screening test and my employment will be conditioned upon the Authority receiving a drug-free report from the testing lab. I further understand that I will be subject to random drug testing as long as I am employed by the Authority.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Housing Authority of Kansas City, Kansas.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p>THIS APPLICATION MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT. RESUMES IN LIEU OF A COMPLETED APPLICATION WILL NOT BE ACCEPTED. IN ADDITION TO SUBMITTING A COMPLETED APPLICATION, YOU MAY ALSO INCLUDE A RESUME, STATEMENT OF QUALIFICATIONS, COPIES OF AWARDS, CERTIFICATES, OR OTHER DOCUMENTS THAT MAY ASSIST US IN DETERMINING YOUR ELIGIBILITY FOR EMPLOYMENT.</p>
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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**

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