

EMPLOYMENT APPLICATION
KANSAS CITY, KANSAS HOUSING AUTHORITY
 1124 North 9th Street, Kansas City, KS 66101
 Phone (913) 281-3300 • Fax (913) 279-3428 • www.kckha.org

The Housing Authority of the City of Kansas City, Kansas is an equal opportunity employer and will ensure that all applicants are considered for hire without regard to race, color, creed, national origin, sex or handicap.

Name: _____
 (Last) (First) (Middle) (Former Names)

Address: _____
 (Street Address) (City) (ST) (Zip)

Telephone: _____ Email: _____
 Type: Home/Work/Cell/Other >>> _____

Which position(s) are you applying for? _____

What is the minimum hourly pay rate you will accept? _____

Desired Status: Full-Time Part-Time Temporary Seasonal

What date are you available to start work? _____

Are you on layoff and subject to recall? Yes No

Were you ever employed by the KCK Housing Authority? Yes No
 If yes, give: Dates: _____
 Position(s) held: _____

Are you a veteran of the U.S. Military Service? Yes No
 If yes, give: Dates of Duty _____ to _____
 Branch _____
 Type of Discharge _____

Skills & Qualifications (please list your proficiency in the following areas):
 Software Skills:
 Other Skills & Qualifications:

Have you been released from prison, convicted of or pled guilty to a felony within the last 7 years, or are you currently on parole? Yes No
 If yes, explain in detail:

Do you hold any elective or appointed federal, state or local office? Yes No
 If yes, explain in detail: _____

Are you related to anyone currently or formerly employed with the Housing Authority? Yes No
 If yes, whom? _____

In accordance with KCKHA Personnel Policy Section 17.6, no employee of the KCKHA or his/her spouse will be allowed to enter into any contract under the Section 8 program administered by the KCKHA or shall acquire any interest in any business venture that does business with the KCKHA. Do either of these conditions apply to you?
 Yes No If yes provide details: _____

EDUCATIONAL RECORD

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

Date _____ Position Applied For _____

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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

Less than High School
High School Diploma or GED
AA Degree
BA/BS Degree

Vocational or Business School
College (no degree)
Other

(specify)

RACE/ETHNIC GROUP

American Indian
Asian

African-American
White

Hispanic

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

Yes No If yes, list: _____

MARITAL STATUS Single Married Widowed Divorced Separated

VETERAN STATUS No Yes

HOW DID YOU LEARN ABOUT THIS JOB

Walk-In Housing Authority Employee Friend School Web Site
Job Service Center Newspaper _____ Other _____