

Application for Employment



The Housing Authority of the City of Daytona Beach is an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

APPLICANT DATA

How did you learn about Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Indeed <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> HACDB Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Others: _____	Date of Application:	Position Applied for:
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Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile Number: _____ E-mail: _____

Date Available to Start: _____

If you are under 18 years of age, can you provide eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, when? _____

Have you ever worked for HACDB? Yes No If yes, when? _____

Are you legally allowed to work in the United States? Yes No

Can you travel if the job requires it? Yes No

Type of employment desired: Full-Time Part-Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been terminated or asked to resign from a position in the past? Yes No

Explain: _____

Due to the nature of our business, jobs at The Housing Authority of the City of Daytona Beach require a criminal background check.

Have you every pled guilty, no contest or been convicted of a crime? Yes No

If yes, give dates and details below. Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation; and how it relates to the position applied for will be considered.

Driver's license number: _____ Expiration Date: _____ Issuing State: _____



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PREVIOUS EMPLOYMENT (begin with most recent position)

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No



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Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

EDUCATION/TRAINING/TECHNICAL/ACADEMIC ACHIVEMENT(S)/COURSE(S):

	Name and Address of School	Course of Study	Years Completed	Type of Degree
High School (GED)				
Undergraduate College				
Graduate Professional				
Vocational				
Other (specify)				

JOB-RELATED PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION

License, Registration or Certification Title	Number	Expiration Date	State Licensing Agency/ Certification Agency

Summarize job-related skills and qualifications acquired from employment and other experience.

PROFESSIONAL REFERENCES (Do not list friends/relatives)

Full Name	Relationship	Contact Number	Email address

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and provide the necessary documents to support my employment application.

Signature of Applicant

X _____

Date: _____



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EEO-1 Reporting

Many employers are required by federal to have an AFFIRMATIVE ACTION PROGRAM. All Employees are required to provide equal opportunity employment and may ask your national origin/ race and sex for planning and reporting purposes only.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires The Housing Authority of the City of Daytona Beach to determine this information by visual survey and/or other available information.

Failure to provide information will have no effect on your application.

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.

Name of Applicant (typed): _____

Signature of Applicant:

X _____

Date: _____



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PRE- EMPLOYMENT AGREEMENT

Please read carefully.

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the Housing Authority for this screen may disqualify me from further consideration for employment.

I agree to voluntarily submit to a blood and/or urinalysis screening for drug or alcohol use as part of my application for employment, and I release my potential employer from any liability as a result of my participation in such a screening.

I further understand that upon commencement of employment with the Housing Authority of the City of Daytona Beach that I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen, may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

Signature of Applicant:

X _____

Date _____



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