

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 Daytona Beach Housing Authority 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.

Applicant's Signature

Date

Driver License Information:

State: _____

Driver License #: _____

Application For Employment

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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number / /	

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

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date _____

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Final		
Job Title	Supervisor			
Reason for leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Final		
Job Title	Supervisor			
Reason for leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Final		
Job Title	Supervisor			
Reason for leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Final		
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p> <hr/> <hr/> <hr/>

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Additional Information

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile	
		Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Perfect	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

References

1.	_____	(____)
	(Name)	Phone #

	(Address)	
2.	_____	(____)
	(Name)	Phone #

	(Address)	
3.	_____	(____)
	(Name)	Phone #

	(Address)	

Applicant's Statement

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 45 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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE

DATE

NOTES _____

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Lith Corp. Assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

NAME: _____ POSITION: _____ DATE: ____/____/____

Dragnet Credit & Tenant Screening, Inc.

Ormond Beach, Florida

Phone 386-676-7733

DAYTONA HOUSING AUTHORITY
(PRINT PLAINLY: MUST HAVE 2 YEAR VERIFIED RESIDENCE)

APPLICANT #1: _____ DOB _____

SS# _____ D/L# _____ STATE _____

APPLICANT #2: _____ DOB _____

SS# _____ D/L# _____ STATE _____

ADDRESS _____

CITY, STATE _____ ZIP _____

COUNTY: _____ LANDLORD NAME _____

LANDLORD PHONE _____ HOW LONG _____

NEXT PREVIOUS ADDRESS: _____

CITY, STATE _____ ZIP: _____

COUNTY: _____ LANDLORD NAME _____

LANDLORD PHONE _____ HOW LONG _____

NEXT PREVIOUS ADDRESS: _____

CITY, STATE _____ ZIP: _____

COUNTY _____ LANDLORD NAME _____

LANDLORD PHONE _____ HOW LONG _____

The undersigned warrants & represents that the information on the DAYTONA HOUSING AUTHORITY application is true & correct. All person(s) or firms named may freely given any requested information about me, & I hereby waive all rights of action for any consequences resulting from such information. I also Authorize Dragnet Credit & Tenant Screening, Inc. to run a complete credit & background check, including criminal and civil records.

Applicant Signature _____ DATE _____

Applicant Signature _____ DATE _____

TITLE VIII OF the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, or national origin illegal in connection with the rental of most housing. The Federal agency which administers compliance with this law concerning this company: Dept. of Housing & Dev, 1100 Commerce St., Dallas, TX 75202, & Dept. of Housing & Urban Dev. 1371 Peachtree St N/E, Atlanta, GA. The federal EQUAL OPPORTUNITY ACT prohibits creditors from discrimination against credit applicants on the basis of sex or martial status. The federal agency which administers compliance with this concerning the company: Equal Credit Opportunity, Federal Trade Commission, Washington, DC 20580

DBHA.FAX release