

# HOUSING AUTHORITY OF THE CITY OF CAMDEN

*An Equal Opportunity And At Will Employer*

## APPLICATION FOR EMPLOYMENT

ALL questions must be answered carefully and completely. If you have a resume, attach it to the application.  
PLEASE TYPE OR PRINT AND COMPLETE BOTH SIDES.

Date \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
MI

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street
City
State
Zip Code.

Home Telephone No. \_\_\_\_\_ Business No. \_\_\_\_\_

### EDUCATION and TRAINING

TYPE OF SCHOOL	NAME and LOCATION OF SCHOOL	DATES ATTENDED	NAME and DATE OF DEGREE	MAJOR MINOR
HIGH OR TRADE SCHOOL			DIPLOMA? Y___ N___	
BUSINESS OR TECH SCHOOL				
COLLEGE (S)				
OTHER TRAINING (EXPLAIN)				

### ADDITIONAL QUALIFICATIONS

What knowledge, special technical or computer skills, and/or capabilities do you have which especially prepare you for the position you have applied for?

\_\_\_\_\_

Military Branch of Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Dates of Services \_\_\_\_\_ List duties in the service, including school and training \_\_\_\_\_

\_\_\_\_\_

**OVER**      →                      →

## WORK EXPERIENCE

Note: Start with most recent position, finish dates and explanation for each period of unemployment of one month or more.

PRESENT/LAST EMPLOYER		TYPE OF BUSINESS	ADDRESS
START DATE	LEAVE DATE	SALARY	REASON FOR LEAVING
JOB TITLE		SUPERVISOR & TITLE	MAY WE CONTACT?
DESCRIPTION OF JOB RESPONSIBILITIES:			
PREVIOUS EMPLOYER		TYPE OF BUSINESS	ADDRESS
START DATE	LEAVE DATE	SALARY	REASON FOR LEAVING
JOB TITLE		SUPERVISOR & TITLE	MAY WE CONTACT?
DESCRIPTION OF JOB RESPONSIBILITIES:			
PREVIOUS EMPLOYER		TYPE OF BUSINESS	ADDRESS
START DATE	LEAVE DATE	SALARY	REASON FOR LEAVING
JOB TITLE		SUPERVISOR & TITLE	MAY WE CONTACT?
DESCRIPTION OF JOB RESPONSIBILITIES:			

Are you a citizen of the U.S.? If no, please note VISA status: \_\_\_\_\_

Are you a previous applicant? \_\_\_\_\_ Are you a previous employee \_\_\_\_\_

Are you legally able to work in the U.S.? \_\_\_\_\_ List Driver's License No. \_\_\_\_\_

Are you physically capable of performing the duties of the position applied for? \_\_\_\_\_ If no, .

Please explain: \_\_\_\_\_

Other than traffic violations, have you ever been convicted of a crime? \_\_\_\_\_ If yes, describe in detail \_\_\_\_\_

I have answered all questions to the best of my ability. If employed, I realize false information will be grounds for dismissal. I understand that upon an offer of employment, I will be required to pass a physical examination, inclusive of drug screen, prior to employment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE