



PLEASE RETURN APPLICATION TO:
HR@hchatexas.org

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please read the following before completing application. HCHA is an Equal Employment Opportunity Agency; applicants are considered without regard to race, color, religion, sex, national origin, age or disability. Individuals with disabilities needing assistance completing this application may contact the housing authority by calling 713-578-2100 or emailing hr@hchatexas.org. All questions must be answered. You may include your resume, however, **RESUMES WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR APPLICATIONS.** Please type or print clearly (black or blue ink).

| | | | |
|--|-------------------------------------|--|-------------------------|
| First Name | Middle Name | Last Name | Other Names |
| Current Address | (Number/Street/City/State/Zip Code) | How Long? | Primary Number () |
| Previous Address | (Number/Street/City/State/Zip Code) | How Long? | Alternate Number () |
| E-mail Address: | | | |
| Are you between 18-20 years old? | <input type="checkbox"/> | Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you at least 21 years old? | <input type="checkbox"/> | | |
| If you are an alien authorized by the Immigration and Naturalization Service to work in the United States, provide the following: Number or Admission Number: Expiration of employment authorization, if any: | | | |

| | |
|---------------------|------------------------|
| Date you can start: | Position Applying For: |
| REFERRED BY: | |

EDUCATION

| | SCHOOL NAME | CITY / STATE | DIPLOMA/DEGREE |
|---------------------------------|---|--------------------------------------|----------------|
| High School | Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED | | |
| College/ Technical School | | | |
| College/ Technical School | | | |
| Major: | Minor: | Graduate Studies: | |
| Undergraduate Hours: | Graduate Hours: | *Transcripts may be required. | |

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.

| | | | | YES | NO |
|---|-------------|---------------------------|-----------------------|--------------------------|--------------------------|
| 1. Are you now working for or have you previously worked for Harris County Housing Authority? If yes, under what name? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you or does your spouse have any relatives presently working for Harris County Housing Authority? If yes, please list the name(s), relationship and the department in which employed. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any reason which would keep you from being bonded? If yes, describe. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you licensed to operate a motor vehicle? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Driver's License Number: | State: | Class: | Expiration: / / | | |
| <input type="checkbox"/> Identification Endorsements: | | | | | |
| 5. Are you willing to work the hours assigned? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other language(s) fluently Spoken: | | Read: | Write: | | |
| 7. Machine and equipment skills: | Typing-WPM: | PC software applications: | | | |
| 8. Special qualifications and skills: (Use this space to indicate any experience, skills, licenses, or certificates, etc., which your opinion would qualify you for the position you seek.) | | | | | |

EMPLOYMENT HISTORY

| | | | | | |
|--|------------------|---|----------------------------|-----------|--------------------------|
| Employer: | | | Supervisor and Title: | | |
| Address: (Number/Street/City/State/Zip Code) | | | Job Title: | | |
| From: (Month/Year) | To: (Month/Year) | Final Salary: | No. Of Persons Supervised: | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number: () | | Part Time | <input type="checkbox"/> |
| | | | | Temporary | <input type="checkbox"/> |
| Duties: | | | | | |

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|--|------------------|---------------|---|-----------|--------------------------|
| Employer: | | | Supervisor and Title: | | |
| Address: (Number/Street/City/State/Zip Code) | | | Job Title: | | |
| From: (Month/Year) | To: (Month/Year) | Final Salary: | No. Of Persons Supervised: | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | | May we contact this employer? | Part Time | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number: () | Temporary | <input type="checkbox"/> |
| Duties: | | | | | |

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|--|------------------|---------------|---|-----------|--------------------------|
| Employer: | | | Supervisor and Title: | | |
| Address: (Number/Street/City/State/Zip Code) | | | Job Title: | | |
| From: (Month/Year) | To: (Month/Year) | Final Salary: | No. Of Persons Supervised: | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | | May we contact this employer? | Part Time | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number: () | Temporary | <input type="checkbox"/> |
| Duties: | | | | | |

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|--|------------------|---------------|---|-----------|--------------------------|
| Employer: | | | Supervisor and Title: | | |
| Address: (Number/Street/City/State/Zip Code) | | | Job Title: | | |
| From: (Month/Year) | To: (Month/Year) | Final Salary: | No. Of Persons Supervised: | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | | May we contact this employer? | Part Time | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number: () | Temporary | <input type="checkbox"/> |
| Duties: | | | | | |

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|--|------------------|---|----------------------------|-----------|--------------------------|
| Employer: | | | Supervisor and Title: | | |
| Address: (Number/Street/City/State/Zip Code) | | | Job Title: | | |
| From: (Month/Year) | To: (Month/Year) | Final Salary: | No. Of Persons Supervised: | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number: () | | Part Time | <input type="checkbox"/> |
| | | | | Temporary | <input type="checkbox"/> |
| Duties: | | | | | |

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

| Full Name | Home or Business Address (Number/Street/City/State/Zip Code) | Phone Number | Business or Occupation | Years Acquainted |
|-----------|---|--------------|------------------------|------------------|
| | | () | | |
| | | () | | |
| | | () | | |

By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Harris County Housing Authority with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of request for information by Harris County Housing Authority. The information obtained may be used by Harris County Housing Authority in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Harris County Housing Authority, will be required to pass a drug test as a condition of employment.

To the extent permitted by law, employees may be terminated for any reason and at any time without notice. As a matter of law, employees have no tenure. Employees may resign at any time without notice. Further, **the Texas Payday Act does not apply to Harris County Housing Authority.**

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.

DATE: _____

APPLICANT'S SIGNATURE: _____

EEO DATA REPORTING FORM
EQUAL OPPORTUNITY EMPLOYER

Date of Application

The company is required by Federal law to maintain records as apart of its Affirmative Action Program. You are invited to answer the following questions. Refusal to answer these questions will not result in adverse treatment of any applicant. The information will be treated confidentially and will not be used in the employment process. The information on this form will not be made available to the hiring managers.

| | | |
|---|--|--|
| Last Name | First Name | Middle Name |
| Position for which you are applying | Sex (check appropriate box) M <input type="checkbox"/> F <input type="checkbox"/> | Date of Birth |
| Race (select the appropriate answer) Are you Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, please select the appropriate race below <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races | | Are you a covered Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes |