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EMPLOYMENT APPLICATION

The Housing Authority of the City of Muskogee believes in the principle of equal opportunity and complies fully with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, color, age, disability, veteran status, or marital/family status.

Today's Date:		
Name:		Social Security No:
Present Address (City, State, Zip Code):		
How many years have you lived at this address?	Telephone Number	
	E-Mail Address	
Previous Address:		How long did you live there?
Job(s) Applied For:	Rate of Pay Expected	\$ _____ per
	Rate of Pay Expected	\$ _____ per
Do you want to work: Full-time Part-time		Specify days & hours if part-time:
Have you ever worked for the Muskogee Housing Authority		Yes / No
If yes, when?		
List any friends or relatives working for the Housing Authority:		
If hired, when will you be able to start work?		
How did you hear about the position?		
Referred By:		

NOTICE

It is the policy of the Housing Authority of the City of Muskogee that pre-employment physicals will include a drug screen. A positive finding will preclude your employment with the Housing Authority. If a positive finding is the result of a prescription drug prescribed by your physician, your employment will not be affected.

I have read the above notice and hereby state that I understand same:

SIGNATURE OF APPLICANT

DATE

Have you ever been convicted of a felony crime? Yes ___ No ___ If yes, describe: _____

Do you have a valid driver's license? Yes _____ No _____ State _____

Person to be notified in case of an emergency:

Name: _____ Telephone: _____

Address: _____

EDUCATION BACKGROUND

School	Name & Address of School	Course of Study	Did you Graduate?	Diploma/Degree
High				
College				
Other				

EMPLOYMENT HISTORY

(List below. Begin with the most recent, all present and past employment.)

Employer:	Years	Months
Address & Telephone:	From:	To:
Title:	Starting Salary:	Final Salary:
Supervisor:	Reason for Leaving:	
Duties:		
Employer:	Years	Months
Address & Telephone:	From:	To:
Title:	Starting Salary:	Final Salary:
Supervisor:	Reason for Leaving:	
Duties:		
Employer:	Years	Months
Address & Telephone:	From:	To:
Title:	Starting Salary:	Final Salary:
Supervisor:	Reason for Leaving:	
Duties:		

Do you have any objection to our contacting your present employer concerning your qualifications? Yes / No

PERSONAL REFERENCES

Name & Occupation	Address	Telephone

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with the Housing Authority? _____

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY AND FINANCIAL AND CREDIT REPORT THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE.

IF I AM HIRED, I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE HOUSING AUTHORITY OF THE CITY OF MUSKOGEE (AND ITS AFFILIATES) RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE HOUSING AUTHORITY OF THE CITY OF MUSKOGEE OR ITS AFFILIATES ARE AUTHORIZED TO MAKE ANY ASSURANCES CONTRARY TO THE FOREGOING EXPRESS LANGUAGE UNLESS THEY ARE IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR OF THE HOUSING AUTHORITY OF THE CITY OF MUSKOGEE.

BY SIGNING THIS APPLICATION, I AUTHORIZE ALL PREVIOUS EMPLOYERS, ACQUAINTANCES, OR OTHERS TO FURNISH THE HOUSING AUTHORITY OF THE CITY OF MUSKOGEE, TO THE EXTENT ALLOWABLE BY LAW, MY REASONS FOR LEAVING, MY RECORDS, AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I RELEASE THEM AND THEIR COMPANY FROM ALL LIABILITY THAT MAY ARISE FROM SUCH DISCLOSURES. I AUTHORIZE THE HOUSING AUTHORITY OF THE CITY OF MUSKOGEE TO MAKE INVESTIGATIONS AND VERIFY ALL OF MY BACKGROUND.

Applicant Signature

Date

**APPLICANT: DO NOT WRITE BELOW THIS LINE
(INTERVIEWER'S COMMENTS)**

