



HOUSING AUTHORITY OF POMPANO BEACH

321 WEST ATLANTIC BOULEVARD, POMPANO BEACH, FLORIDA 33060

POST OFFICE BOX 2006, POMPANO BEACH, FLORIDA 33061

(954) 785-7200 TELEPHONE (TDD)

(954) 942-8142 FACSMILE / EMAIL: POMPANOHA@HAPB.ORG

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

INSTRUCTION: Please fill out this application accurately and completely. **PLEASE TYPE or PRINT your answers. If printing, please do so in BLACK or BLUE INK and print clearly and neatly.** An illegible application may be precluded from consideration. If an item does not apply insert N/A (Not Applicable). Attach any documents, certificates, commendations, etc., you feel will help in the evaluation of your application.

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

NAME: _____
FIRST
MIDDLE
LAST

ADDRESS: _____
STREET
APT
CITY
STATE ZIP

EMAIL ADDRESS _____

HOME PHONE: _____ OTHER PHONE: _____

- If presently employed, when will you be available for employment? Check one of the following:
 Now Beginning _____
- How did you learn of this vacancy? _____ Newspaper (specify) _____
 _____ Walk-in/Write-in _____ Friend _____ Radio Advertisement _____ Other _____
- Are you interested in: _____ Full Time Only _____ Part Time Only _____ Both
- Would you be willing to work a shift which could include weekends? Yes No
- Do you have a valid Florida Driver's License? Yes No
 Number _____ Expiration Date: _____
- Are you an U.S. Citizen or otherwise authorized to work in the United States? Yes No
- Minimum acceptable starting salary? \$ _____ / Yearly
- Have you ever been employed by the Housing Authority of Pompano Beach?
 Yes No If yes, give dates of employment _____

EDUCATION

High School Attended: _____
 Address: _____
 High School Diploma: Yes No Equivalency: Yes No

List Colleges and Universities Attended below:

Name and Location	Date Attended	Grade Average	Point	Major/Minor	Type of Degree

List Special Training (Business, Trade, Vocational Schools, etc.)

Name and Location	Courses Taken	Certificate Earned

EMPLOYMENT HISTORY

Begin with your present or last employment and describe in detail all periods of employment. Include military service and part time employment. Attach additional sheet if necessary or include resume.

PRESENT OR MOST RECENT JOB:

From: _____ TO _____ Total Time _____
 Hours Per Week: _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

EMPLOYER: _____

Address: _____

Telephone No. _____ Your Job Title: _____

Supervisor's Name and Title _____

Specific Duties: _____

May we contact? Yes No. If no, please explain _____

Reason for Leaving Position: _____

From: _____ TO _____ Total Time _____
 Hours Per Week: _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

EMPLOYER: _____

Address: _____

Telephone No. _____ Your Job Title: _____

Supervisor's Name and Title _____

Specific Duties: _____

May we contact? Yes No

Reason for Leaving Position: _____

From: _____ TO _____ Total Time _____
Hours Per Week: _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

EMPLOYER: _____

Address: _____

Telephone No. _____ Your Job Title: _____

Supervisor's Name and Title _____

Specific Duties: _____

May we contact? Yes No

Reason for Leaving Position: _____

From: _____ TO _____ Total Time _____
Hours Per Week: _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

EMPLOYER: _____

Address: _____

Telephone No. _____ Your Job Title: _____

Supervisor's Name and Title _____

Specific Duties: _____

May we contact? Yes No

Reason for Leaving Position: _____

From: _____ TO _____ Total Time _____
Hours Per Week: _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

EMPLOYER: _____

Address: _____

Telephone No. _____ Your Job Title: _____

Supervisor's Name and Title _____

Specific Duties: _____

May we contact? Yes No

Reason for Leaving Position: _____

CLERICAL ABILITIES: The following information must be provided if you are applying for a position requiring typing or shorthand ability.

Number of words per minute: Typing _____ Shorthand _____

Have you had any training or experience working with Emphasys Housing Software or other housing software?

Yes No If yes, please specify: _____

Have you had any training or experience working with Windows, Excel, Access, Word?

Yes No If yes, please specify: _____

QUALIFICATIONS

In your own words explain how you qualify for the position applied for. Be specific and list any skills you possess, machines, and equipment you can operate. Licenses, certificates, and memberships in professional organizations, languages, etc.

Have you ever been convicted of a felony? Yes No If yes, state the nature of offense(s), disposition of case, and date:

A conviction does not automatically mean you cannot be employed. What you were convicted of and how long ago are important?

Have you ever served in the U.S. Military? Yes No
 What branch of the military did you serve? _____
 When, where, and how long did you serve? _____

What type of discharge did you received? _____
 When did you receive it? _____

REFERENCES: List 3 References, other than relatives, who have knowledge of your qualifications for employment.

NAME	ADDRESS	TELEPHONE

APPLICATION CERTIFICATION – READ CAREFULLY BEFORE SIGNING....I hereby certify that the information on this application is freely given and is true and complete to the best of my knowledge. I also understand that any misrepresentation or falsification of the information given by me in this application will constitute grounds for rejection of my application or dismissal if hired by the Housing Authority of Pompano Beach. I hereby authorize the Housing Authority to perform a background check as well as investigate my prior education and employment history.

Moreover, I understand that if I am hired, employment with this agency is “at will”, which means that I or the agency may terminate employment for any reason provided that such reason is not prohibited by State or Federal Law.

SIGNATURE: _____

DATE: _____