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Equal Housing – Equal Employment

HOUSING AUTHORITY of BREVARD COUNTY

1401 Guava Ave., Melbourne, FL 32935

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, national origin, color, religion, sex, age, marital or veteran status. No qualified handicapped (as defined in 24 CFR 100.201) person shall, on the basis of the handicap, be subjected to discrimination in employment

PLEASE PRINT ALL INFORMATION Date of Application _____

Position Applied for: _____

Referral Source: _____ Advertisement _____ Employment Agency _____ Friend
 _____ Walk In _____ Relative _____ Other

Name: _____ Social Security #: _____
 Last First MI

Address: _____
 Number Street City State Zip

Telephone # () _____ () _____
 Home # Cell or Work #

Have you ever been employed here before? _____ Yes _____ No If yes, date: _____

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)

REFERENCES: List three persons not related to you who know you through school, business or personal association.

NAME	ADDRESS	TELEPHONE #

IF NOW EMPLOYED, WHY DO YOU DESIRE TO CHANGE?	IF NOW EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? ____ YES ____ NO
WERE YOU EVER DISCHARGED OR ASKED TO RESIGN? ____ Yes ____ No If yes why?	
ARE YOU RELATED TO ANY MEMBER OF THE BOARD OF COMMISSIONERS OR A CURRENT EMPLOYEE OF THE HOUSING AUTHORITY? ____ Yes ____ No IF YES, PLEASE PROVIDE NAME AND RELATIONSHIP.	
LIST MACHINES OR EQUIPMENT WITH WHICH YOU HAVE HAD EITHER TRAINING OR EXPERIENCE ON:	LIST TRADE OR PROFESSIONAL LICENSES YOU NOW HOLD:

WORK EXPERIENCE <i>LIST ALL PAST EMPLOYMENT – LAST EMPLOYMENT FIRST, ETC.</i>			
DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	DESCRIPTION OF DUTIES
FROM: TO:	NAME: _____ ADDRESS: _____ _____ NAME OF SUPERVISOR: _____ TITLE OF SUPERVISOR:	LOWEST: \$ _____ PER: _____ LAST: \$ _____	Your Title: _____ Duties: _____ _____ _____ Reason for Leaving:
FROM: TO:	NAME: _____ ADDRESS: _____ _____ NAME OF SUPERVISOR: _____ TITLE OF SUPERVISOR:	LOWEST: \$ _____ PER: _____ LAST: \$ _____	Your Title: _____ Duties: _____ _____ _____ Reason for Leaving:
FROM: TO:	NAME: _____ ADDRESS: _____ _____ NAME OF SUPERVISOR: _____ TITLE OF SUPERVISOR:	LOWEST: \$ _____ PER: _____ LAST: \$ _____	Your Title: _____ Duties: _____ _____ _____ Reason for Leaving:

If you do not have enough space above, you may give more complete and detailed information in a resume: accuracy of dates and addresses is essential.

EDUCATION							
LIST ALL SCHOOLS ATTENDED	NAME & ADDRESS OF SCHOOL	FROM DATE	TO DATE	DID YOU GRADUATE	YEAR GRADUATED	DEGREE	COURSES MAJOR SUBJECTS
HIGH SCHOOL							
COLLEGES							
TECHNICAL							
OTHER EDUCATION							

EXPERIENCE	
INDICATE APPROXIMATE MONTHS OF EXPERIENCE OR TRAINING IN THE FOLLOWING CATEGORIES	
<u>MAINTENANCE APPLICANTS</u>	<u>CLERICAL/ADMINISTRATIVE APPLICANTS</u>
A/C & REFR _____	TYPING (WPM) _____
PLUMBING _____	FILING _____
PAINTING _____	ACCOUNTING _____
LANDSCAPING _____	PAYROLL _____
DRYWALL _____	CASHERING _____
MASONRY _____	SHIPPING/RECEIVING _____
ELECTRICAL _____	SHORTHAND (WPM) _____
CARPENTRY _____	COMPUTERS _____
JANITORIAL _____	BOOKEEPING _____
ROOFING _____	PURCHASING _____
OPERATE DUMP TRUCK _____	PERSONNEL _____
CEMENT FINISH _____	OPERATE 2-WAY RADIO _____

DESCRIBE ANY OTHER WORK EXPERIENCE YOU WOULD LIKE CONSIDERED: _____

A CURRENT FLORIDA DRIVER'S LICENSE IS A CONDITION OF EMPLOYMENT – DO YOU HAVE A DRIVER'S LICENSE? ____ YES ____ NO DRIVER'S LICENSE #: _____

HAVE YOU AT ANY TIME DURING THE PAST FIVE YEARS RECEIVED A SUMMONS FOR VIOLATING TRAFFIC REGULATIONS? ____ YES ____ NO

IF YES, LIST BELOW THE NUMBER AND KINDS OF VIOLATIONS:

LOCATION	NATURE OF VIOLATION	DISPOSITION

HAVE YOU EVER BEEN CONVICTED OR HAD ADJUDICATION WITHHELD IN A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION OR, ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU OTHER THAN MINOR TRAFFIC VIOLATIONS? ____ YES ____ NO

IF YES, GIVE DETAILS BELOW: (THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS)

WHERE ARRESTED	DATE(S)	NATURE OF CHARGE(S)	DISPOSITION(S)

(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT)

Have you ever served in the U.S. Armed Forces? ____ Yes No ____ If yes please complete the following:

Branch of Service	Enlistment Date(s)	Discharge Date(s)	Type of Discharge

DO YOU CLAIM A VETERAN’S PREFERENCE? YOU MUST ATTACH PROOF (I.E. DD214) TO CLAIM A PREFERENCE:	Yes	No
As a veteran with a compensable service connected disability?		
As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability?		
As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power?		
As a veteran of any war (as defined in the rules of Division of Veterans Affairs)?		

If you feel you did not receive a veteran’s preference in accordance with FL Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731 within 21 days from the date you received notification that a non-preference applicant was appointed.

<p>Have you ever been employed by the State of Florida or a political subdivision of the State? ____ Yes No ____ If yes, indicate with whom and dates of employment below:</p>

APPLICANT CERTIFICATION – READ CAREFULLY BEFORE SIGNING: I hereby certify that each answer to the questions herein and all other information furnished are true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the question or subject matter. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge at any time. If employed by the Housing Authority of Brevard County, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers, schools and character references to give any information regarding my employment and to furnish any other information they may have concerning me. I further understand that consideration for employment is conditioned upon successfully passing a physical examination which includes drug screening.

Date: _____ Signature of Applicant: _____