



APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY

Position: _____

Start Date: _____

Wage Range: _____

PERSONAL INFORMATION

(Please Print Clearly)

Name: _____ Social Security No.: XXX-XX-_____
Last First Middle (last four only)

Current Address: _____
No. Street Apt. City State Zip

Telephone No.: _____ Date of Birth: _____

E-mail Address: _____

Are you legally eligible of employment in the U.S.A.? Yes ____ No ____

Were you previously employed by HUD? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work?
 _____, 20____

Valid Driver's License is required: DL# _____ State: _____

Have you read the Job Description and meet the requirements for the position? _____

RECORD OF EDUCATION

School	Name and Address of School	Circle Last Year Completed	Did you graduate?	List Diploma or Degree
Elementary	_____	5 6 7 8	Yes No	

High School	_____	1 2 3 4	Yes No GED	

College	_____	1 2 3 4	Yes No	

Other Specify	_____	1 2 3 4	Yes No	

RECORD OF EMPLOYMENT

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Name and Address of Company and Type of Business	From	To	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.		
	Describe work performed:			
Telephone:				

Name and Address of Company and Type of Business	From	To	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.		
	Describe work performed:			
Telephone:				

Name and Address of Company and Type of Business	From	To	Reason for Leaving	Name of Supervisor
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	Describe work performed:			
Telephone:				

If there is a particular employer(s) you do not wish us to contact please indicate which one(s).

PERSONAL REFERENCES

(Do not include Former Employers or relatives)

Name and occupation	Address	Phone No.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decided to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the forgoing and then only in writing signed by an officer.

Signature of Applicant: _____ Date: _____

APPLICANT _ DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE ONLY

Interviewer	Date	Comments

FOR TEST ADMINISTRATOR'S USE ONLY

Tests Administered	Date	Raw Score	Rating	Comments and Interpretation

REFERENCE CHECK

Position No.	Results of Reference Check
I	
II	
III	