

**TEMPLE HOUSING AUTHORITY**  
**APPLICATION FOR EMPLOYMENT**

254-773-2009  
 254-773-1958 FAX  
 www.centexhousing.org

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. The Temple Housing Authority is an "At Will" Employer.

<b>EMPLOYMENT DESIRED</b>			
PLEASE TYPE OR PRINT			Date     /     /
Position	Date You Can Start	Salary Desired	Type of Employment Full-time_____ Summer_____ Part-time_____ Temporary _____
<b>Are you employed now? YES_____ NO_____</b>			
<b>If so, may we contact your present employer? YES_____ NO_____</b>			
Have you ever applied to this company before? YES_____ WHEN_____ NO_____	Have you ever been employed by us before? YES_____ DATES_____ NO_____	Have you ever lived in properties owned by Temple or Belton Housing Authorities? YES_____ WHERE_____ NO_____	
<b>PERSONAL INFORMATION</b>			
Last Name		First Name	Middle Name
Address		City	State     Zip Code
Home Phone Number	Cell Phone Number		Referred By
What languages (including English) do you speak, read or write proficiently? Check all that apply.			
<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
English:	_____	_____	_____
Spanish:	_____	_____	_____
_____	_____	_____	_____
Have you ever been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion for any crime (misdemeanors and felonies)? <b>YES_____ NO_____</b> If yes, please list below all misdemeanors and felonies (other than parking tickets and minor driving violations) for which you have been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion.			
<i>Year</i>	<i>Location (city and state)</i>		<i>Type of Crime</i>
Are you currently serving probation, deferred adjudication, court-ordered community service, pre-trial diversion or parole for any criminal offense? <b>YES_____ NO_____</b> If yes, please specify_____			
<i>Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.</i>			
Are you eligible to work in the United States? <b>YES_____ NO_____</b> (Proof of eligibility from the list of approved documents on the I-9 form must be provided if you receive a job offer)			
<b>EDUCATION</b>			
High School Attended and Location	No. of Years Completed	Did you Graduate?	
		YES_____ NO_____	
College Attended and Location	No. of Years Completed	Did you Graduate?	
		YES_____ NO_____	
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you Graduate?	
		YES _____ NO_____	

**GENERAL**

List Special Courses or Training, Licenses and Certifications

Have you ever had a license or certification (if any) revoked, suspended, or curtailed? YES\_\_\_ NO\_\_\_. If yes, please explain

Experience/Skills Related to the Position for Which You Are Applying

**OFFICE APPLICATIONS**

Skill/Aptitude	Years of Experience	Words Per Minute	
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Typing / Word Processing			
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Software Used			
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**EMPLOYMENT HISTORY (List Present or Most Recent Positions First)**

Name of Employer	Address	City	State	Zip Code
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Month/Day/Year)	Date Left (Month/Day/Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer	Address	City	State	Zip Code
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Month/Day/Year)	Date Left (Month/Day/Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer	Address	City	State	Zip Code
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Month/Day/Year)	Date Left (Month/Day/Year)	Starting Salary	Final Salary
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Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

**OTHER EXPERIENCE**

In this section, list any job experience not listed above that most directly relates to job for which you are now applying.

Name of Employer	Address	City	State	Zip Code
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Month/Day/Year)	Date Left (Month/Day/Year)	Starting Salary	Final Salary
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Reason for Leaving

**MILITARY SERVICE**

Have you ever served in any branch of the U. S. military? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
**If yes, attach a copy of your DD FORM 214.**

**DRIVING RECORD**

Do you have a valid, unexpired driver's license? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If yes, please note following:  
Expiration date \_\_\_\_\_ Issuing state \_\_\_\_\_

Has your driver's license been revoked, suspended or limited during the past five years? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If yes,**  
please explain \_\_\_\_\_

If you currently have an out of state driver's license, you must obtain a TEXAS license within 30 days of employment.

**PERSONAL REFERENCES (Do Not List Relatives or Previous Employers)**

Name	Address	City	State	Zip Code
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Phone	Relationship
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Name	Address	City	State	Zip Code
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Phone	Relationship
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By signing this application, I understand that in connection with my application for employment with the Temple Housing Authority (THA), investigative inquiries may be made on myself including, but not limited to, criminal convictions, motor vehicle history, educational transcripts and other reports. These reports will include information as to my character, work, habits, performance and experience together with reasons for termination of past employment.

Further, I understand that you may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, criminal, education, and other experiences.

**I authorize without reservation all corporations, companies, persons, educational institutions, law enforcement agencies and former employers to release information they may have about me, and release them from any liability and responsibility for doing so.**

**I hereby authorize investigation of all statements made by me in connection with my potential or actual employment by THA with no liability arising there from.**

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I understand that any employment offer would be contingent upon the results of a drug test, with the automatic withdrawal of the employment offer if I fail the drug test. If a job offer is made, a criminal history background check is required. THA will obtain a local police record of arrests and paroles (Rap Sheet). THA will also obtain a set of fingerprints for the purpose of acquiring criminal history records from the Texas Department of Public Safety. If your criminal history records contain information not listed in your employment application, you may be terminated immediately.

I understand that if employed by THA and I quit or am terminated within the first three months of employment, THA may deduct initial screening costs from my final pay check.

I understand that any employment offer would be contingent upon completion of all new hire paperwork and the satisfactory results of any unfinished background checks.

If I am employed, I agree to abide by the Employer's rules, procedures, and policies as modified from time to time. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies.

I certify that the information provided is true and correct. Providing incomplete or false information could result in termination.

I agree to immediately notify THA if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR THA USE ONLY**

Offer of employment made on \_\_\_\_\_. Applicant was given a Scott and White Drug Testing Form and given the deadline date of \_\_\_\_\_ to have the test completed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 7/15/09

## Addendum for Kaleidoscope Applicants Only

<b>EXPERIENCE IN CHILD DEVELOPMENT</b>
Check all that applies to you:  <input type="checkbox"/> Public School Teaching    Age of children: _____  <input type="checkbox"/> Working in a childcare program, kinder garden, Head Start program, etc. Describe Duties:  
<input type="checkbox"/> Caring for children in your home. Were you registered with the State of Texas?    YES or NO  <input type="checkbox"/> Other experience with children:  

<b>PLEASE FINISH THE FOLLOWING SENTENCES</b>
I feel I work well with children because  
I am choosing to apply at Kaleidoscope because  
I feel I communicate well with adults and children because  
I feel that gaining further knowledge in the field of Child Development is important because  
I feel I have a lot to offer children because  
I believe children learn best  
I believe in teamwork and goal setting because  
My ideal teaching partner would  
Five years from now, I see myself  

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Do you believe yourself to be flexible and cooperative with your hours and work assignments? \_\_\_\_\_

Because: \_\_\_\_\_

Do you feel you take direction well from others? \_\_\_\_\_

What age group do you feel most comfortable with? \_\_\_\_\_

If part-time, what days and hours Monday-Friday are you consistently available? \_\_\_\_\_

Are you interested in substituting until a position becomes available? YES or NO

CDA Certificate: YES or NO Date of validation: \_\_\_\_\_

Age group: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Where did you receive this validation? \_\_\_\_\_

*Submit copy of certificate.*

Do you have: First Aide Training YES or NO If yes, what is the expiration date? \_\_\_\_\_

CPR Training YES or NO If yes, what is the expiration date? \_\_\_\_\_

**PLEASE LIST ANY OTHER CHILD DEVELOPMENT RELATED EXPERIENCE/SPECIAL CREDENTIALS YOU FEEL MAY ENHANCE YOUR WORK. (OTHER TRAINING OR WORKSHOPS)**


**FOR OFFICE USE ONLY**

1<sup>st</sup> Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

2<sup>nd</sup> Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Working Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Classroom: \_\_\_\_\_

Staff working with prospective employee: \_\_\_\_\_

Comments:
