

APPLICATION FOR EMPLOYMENT



We appreciate your interest in **Tarpon Spring Housing Authority**. **TSHA** is an equal employment opportunity employer. **TSHA**'s policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), past or present military service, disability, genetic information, or any other basis protected by applicable federal, state, or local laws. **TSHA** also prohibits harassment of applicants or employees based on any of these protected categories.

GENERAL INFORMATION

Completion of all the information as requested is essential. Be sure to list phone numbers and addresses accurately. If you do not fully complete the application, we cannot fairly evaluate your qualifications. Incomplete applications will not be given consideration. Use ink and print.

Today's Date:	Position Applying For:	
	Minimum Salary Desired	Date Available for Work
Last Name	First Name	Middle Initial
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address	Telephone (Personal)	Telephone (Work)
City	State	Zip
Have you previously worked for or applied for a position with TSHA , either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain when and, if employed, in what capacity:	Are you related to or in a close personal relationship with anyone now employed at TSHA ? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and where they are located.	
Are you available to work overtime as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMISSION TO WORK

Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever held a gaming license, application or state gaming card for any jurisdiction? Please specify the state and type:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL INFORMATION

<p>How did you learn about Tarpon Springs Housing Authority?</p> <p><input type="checkbox"/> Job Posting (list source) _____</p> <p><input type="checkbox"/> Referral (state name): _____</p> <p><input type="checkbox"/> Other: _____</p>

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WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer.

1	Company Name	Telephone
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	
2	Company Name	Telephone
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	
3	Company Name	Telephone
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

(Employment record continued on next page.)

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer.

4	Company Name	Telephone
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Capacity Known	Years

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Business/Trade/Technical				

JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED

Initial: I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: I recognize that this employment application is not an offer of employment. I agree that if I **am hired by TSHA, I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the Executive Director of TSHA, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Executive Director any such agreements must be in writing and signed by the Executive Director.

Initial: I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by TSHA.

Initial: I understand that TSHA may share the information contained in this application with other TSHA employees for employment and administrative purposes and hereby consent to such transfer.

Initial: I authorize TSHA to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I authorize the release of information relating to my employment history and education to include compensation, dates of employment, positions held, responsibilities, reasons for leaving, attendance, degrees and transcripts. I release the Company and/or its agents and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information. All information obtained will remain confidential.

Initial: I understand and expressly agree that if employed by the TSHA, storage areas provided for me (locker, desk, etc.) are open to investigation by the TSHA without prior notice to me.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE

Your Employment Application and/or resume will be retained on file for ninety (90) days from the date of receipt. If you have not been hired within 90 days of submitting this application and you wish to continue to be considered for employment, you must complete another application