

LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY

EMPLOYMENT APPLICATION

1600 Haskell Avenue, Lawrence, Kansas 66044

Office (785) 842-8110 Fax (785) 842-9596

housing@ldcha.org

EQUAL OPPORTUNITY EMPLOYER

This Application is the initial part of the employment process. Read the Job Announcement thoroughly and carefully. Apply only if you feel reasonably certain that you meet the requirements. Clearly state your qualifications. Incomplete or illegible applications may be disqualified. Fill out this Application completely. If a question does not apply to you, write "NA". **A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION.** Documents submitted with this Application will not be returned. Avoid any reference to religion, politics, race, sex, or other non-job related traits. Notify us promptly if you have a change of address, phone, or employer. If you need assistance with this application, the personnel staff will be glad to help you.

We consider applicants for all positions, regardless of race, sex, religion, color, national origin, age, ancestry, sexual orientation, or disability.

The Lawrence-Douglas County Housing Authority (LDCHA) was created in 1968 to plan, construct, maintain, operate, and manage any low-rent housing projects or projects in the City of Lawrence and Douglas County. A five-member appointed commission governs the LDCHA. The Executive Director, who manages Day to Day operations, is responsible for seven Departments of the LDCHA, which are Administrative, Capital Improvement, General Housing Assistance, Maintenance, Program & Property Management, Resident Services, and Senior Housing.

PLEASE PRINT IN INK OR TYPE

Date of Application: _____

Social Security Number: _____

Position You Are Seeking (include Department): _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Work phone: _____

Cellular phone: _____ E-mail: _____

1. Are you now, or have you ever been employed by the LDCHA? YES NO If YES, explain below.
 2. Are you currently employed? YES NO
 3. May we contact your current employer? YES NO
 4. May we contact your previous employer(s)? YES NO If NO, explain below.
 5. Have you ever been discharged or forced/asked to resign? YES NO If YES, explain below.
 6. If less than 18 years of age, can you provide proof of eligibility to work? YES NO OVER 18
 7. Have you ever been convicted of a felony within the last 7 years? YES NO If YES, explain below.
(Conviction will not necessarily disqualify applicant from employment)
 8. Do you have a valid driver license? YES NO License Number _____ State _____
 9. 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)
 10. On what date would you be available for work? _____
 11. Are you available to work FULL-TIME PART-TIME SHIFT WORK TEMPORARY
 12. Are you on lay-off and subject to recall? YES NO If YES, explain below.
- Remarks (List Question #) _____
- _____
- _____

List professional, trade, business or civic activities and offices held.

(You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status)

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree	----- -----			
Describe Course of Study:	----- -----			
Describe Specialized Training, Apprenticeship, Skills and Extra-curricular Activities:				
Honors Received:				

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

EXPERIENCE

List all positions you have held in the last 10 years. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** List each change of title or promotion separately. Resumes may be attached. Check the Job Announcement for details on the qualifications the LDCHA is seeking. Start with your present or most recent position and work backwards. Attach additional sheets as necessary. You may exclude organization names that indicate race, color, religion, gender, national origin, disability or other protected status.

From _____ To _____ Job Title: _____ Hours/Week: _____

Employer Name & Address: _____

Verify by calling: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

From _____ To _____ Job Title: _____ Hours/Week: _____

Employer Name & Address: _____

Verify by calling: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

From _____ To _____ Job Title: _____ Hours/Week: _____

Employer Name & Address: _____

Verify by calling: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

From _____ To _____ Job Title: _____ Hours/Week: _____

Employer Name & Address: _____

Verify by calling: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

From _____ To _____ Job Title: _____ Hours/Week: _____

Employer Name & Address: _____

Verify by Calling: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

From _____ To _____ Job Title: _____ Hours/Week: _____

Employer Name & Address: _____

Verify by Calling: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

AGREEMENT: Read Carefully Before Signing

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application or interview may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the LDCHA will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the LDCHA and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that the LDCHA may terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination. I understand and agree that I may be required to take a physical examination, at LDCHA expense, at any time to determine if I am physically fit for the job I am to perform, and, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the LDCHA.
4. Although the LDCHA makes every effort to accommodate individual preferences, LDCHA needs may at times make the following conditions mandatory; overtime, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at will and that the LDCHA can change wages, benefits and conditions at any time. I have read and understand the above.

Applicant Signature _____ Date _____

