

HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS

1217 Madison Street
Annapolis, MD 21403

The HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS (HACA) is an Equal Opportunity Employer. Females, Minorities, and Individuals with Disabilities are encouraged to apply. Any disabled applicant who needs a reasonable accommodation during the application or testing process should notify the Human Resources Department in advance at 410-267-8000, ext. 134.

EMPLOYMENT APPLICATION

THIS APPLICATION MUST BE COMPLETED FULLY BEFORE BEING SUBMITTED.

Position Applied For: _____ Job No. _____ Salary Desired: _____

Are you presently employed? _____ If so, may we contact your present employer? _____

PERSONAL INFORMATION:

NAME: _____ PHONE NUMBER _____

PRESENT ADDRESS: _____

Are you a HACA resident? _____ Which community? _____

CONTACT IN CASE OF EMERGENCY: _____ TELEPHONE NUMBER: _____

NAME(S) OF RELATIVE(S) EMPLOYED BY HACA AND RELATIONSHIP: _____

How did you learn about the job for which you are applying or who were you referred by: _____

EDUCATION:

Did you graduate from high school? Yes No If you have a GED, give Number and State: _____

Name of high school: _____

Address: _____

Name and location of college(s), university(ies), and trade schools attended:	Total Credit Hours	Major Field	Degree Type

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

Other training, certificates, licenses: _____

EXPERIENCE:

Use the following blocks to provide information about your previous jobs STARTING WITH YOUR PRESENT OR MOST RECENT POSITION. LIST PROMOTIONS AS SEPARATE JOBS. Include all relevant paid, non-paid, volunteer, and military experience. You must provide all of the information requested for each job you list. If you require more space to answer, or if you require more blocks to list all of your previous jobs/experience, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement the information presented in these blocks. Label any additional pages with your NAME **and** POSITION APPLIED FOR.

Position Title	Employer (Company or Organization)
Name, Title, & Telephone Number of Immediate Supervisor	Address of Employer
Dates of Employment: From: ___/___/___ To: ___/___/___ Number of hours worked per week: _____	Type of Business: _____ Last Salary: \$ _____ Reason for Leaving: _____
Describe your duties, responsibilities, and accomplishments:	

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(EXPERIENCE continued on Page 3)

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In order to comply with its obligations under all applicable Equal Employment Opportunity Laws, the HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS requests the following information. Individuals are encouraged to complete this form, but are under no obligation to do so.

Date of Birth: ____ / ____ / ____ Month Day Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Origin: The U.S. Equal Employment Opportunity Commission (EEOC) has defined the following categories of ethnic origin. Please check which best describes your ethnic origin. <input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race. <input type="checkbox"/> White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands. <input type="checkbox"/> Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.	

NAME _____

SSN _____