HOUSING AUTHORITY

OF THE CITY OF SAN MARCOS, TEXAS APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Return to: Allenwood Homes, Main Office, 1201 Thorpe Lane, San Marcos, TX 78666 FAX: 512-392-7458, PHONE: 512-353-5058

Each application must indicate the exact job title and job number of the position for which you are applying.

Please use a typewriter or print in black ink. This application must be completed in full.

All statements will be subject to verification.

| DATE: | | POSITION APPLYING | FOR: | | |
|-------------------------|---------------------------|-------------------------|----------|---------------------|------------------|
| NAME: | | | | | |
| (LAST) | (FIRST) | (MIDDLE) | | (MAIDEN) | |
| ADDRESS: | | | | | () |
| | (STREET) | (CITY) | (STATE) | (ZIP) | (PHONE) |
| | Best time to call you | at the above numbe | r: | am / pm. | |
| | • | you at work? | | - | |
| I | f yes, work number and | d best time to call: | | am / pn | n. |
| Driver's License Numb | oer: Social | Security Number: | | Type of | Job: |
| Class: | | | | Full Time_ | Part Time |
| | | | | Temporary | Non-Paid(intern) |
| State Number | | | | | |
| EDUCATION: | CIRCLE ONE | YEAR | NAME | , ADDRESS AND | PHONE OF SCHOOL |
| Graduated High School | Yes / No | | | | |
| G.E.D. | Yes / No | | | | |
| | and Location | Major Specialization | 1 | Degree | Month/Year |
| College/ University: | | | | Yes / No | |
| College/ University: | | | | Yes / No | |
| Technical/ | | | | 103 / 110 | |
| Vocational: | | | | Yes / No | |
| Language ability: | Please check those that i | ndicate your abilities: | | Clerical Abilities: | |
| English: | Spanish: | Other: | | _ | |
| Understand | Understand | Unders | | Typing Speed: | wpm |
| Speak | Speak | Speak | | Shorthand Speed: | wpm |
| Read and Write | Read and Write | Read ar | nd Write | - | - |

| READ CAREFULLY AND ANSWER, BY CIR | RCLING YES OR NO TO ALL QUESTIONS: | Circle Ye | es or No |
|---|--|-------------------|--------------|
| 1. Are you now employed by the City of San Mar | rcos? | YES | / NO |
| Have you previously worked for the City of Sar employment, department, and position in remar | | YES | / NO |
| 3. Have you ever applied for a position with the C Yes When: | | YES | / NO |
| Have you ever been dismissed or asked to resig If yes, explain in remarks. | gn from any job? | YES | / NO |
| 5. Have you ever been convicted of a criminal off violations, including DWI's? If yes, explain in (A criminal record will not necessarily disquadependent upon requirements of the job.) | remarks. | YES | / NO |
| 6. Are you related to any current employee or election Marcos? If yes, please indicate name and related to the control of t | | YES | / NO |
| 7. Have you ever served in the armed forces? If you service number, and active duty dates in rema | | YES | / NO |
| REMARKS: | | | |
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| | | | |
| | | | |
| REFERENCES: | | | |
| List name and telephone number of three business applicable, list three school or personal references | / work references who are not related to you and are who are not related to you. | not previous supe | ervisors. If |
| NAME | TELEPHONE NUMBER | YEARS K | NOWN |
| | | | |

EMPLOYMENT RECORD: (Begin with your present or most recent job first)

| Employer: | | Job Title: | | | |
|--|-----|---|-------------|-----------|-------------|
| Phone Number: | | Supervisor's N | Jame: | | |
| dress:Supervisor's Title: | | | City/State: | | |
| | | | | • | |
| Period of Employment:/ to | | | | | |
| Duties: | | | | | |
| | | | | | |
| Reason For Leaving: May we contact for references? | | | | | Later |
| with we contact for references. | 105 | 110 | n 103, | 110W | Later |
| Employer: | | Job Title: | | | |
| Phone Number: | | | | | |
| Address: | | Supervisor's T | Γitle: | | City/State: |
| | | _ | | | - |
| Period of Employment:/ to | / | Ending Salary: \$ | | per month | |
| Duties: | | | | | |
| | | | | | |
| Reason For Leaving: | | | | | |
| May we contact for references? | Yes | No | If Yes, | Now | Later |
| Employer: | | Ich Title | | | |
| • • | | | | | |
| | | Supervisor's Name: Supervisor's Title: | | | |
| Audress. | | - | | | City/State. |
| Period of Employment:/ to | | | | = | |
| Duties: | | • | | ı | |
| | | | | | |
| Reason For Leaving: | | | | | |
| May we contact for references? | Yes | No | If Yes, | Now | Later |
| | | | | | |
| Employer: | | | | | |
| Phone Number: | | | | | |
| Address: | | | | | City/State: |
| D : 1 CF 1 | | • • | | • | |
| Period of Employment:/ to | | • | | - | |
| Duties: | | | | | |
| | | | | | |
| Reason For Leaving: | | | | | |
| Reason For Leaving: May we contact for references? | | No | If Ves | Now | Later |

Thank you for completing this application form and for your interest in employment with the San Marcos Housing Authority. All qualified persons will receive consideration without regard to race, color, religion, sex, age, national origin, veteran or disabled status (except where age, sex, or physical requirements constitute a bona fide occupational qualification).

APPLICANT'S CERTIFICATION

The information provided in my application for employment is true and correct to the best of my knowledge. I understand that, if employed, false statements or omissions on this application form or any other material required for employment shall be considered sufficient cause for discharge.

I authorize the San Marcos Housing Authority to investigate my personal history and/or employment record and to contact any and all references to obtain additional job related information about me. I release, from liability, the San Marcos Housing Authority, its representatives and all other persons, corporations or organizations for furnishing such information. I understand that my Social Security Number will be used to identify my application.

I understand that the employment process may include testing and review of my driving record which is on file with appropriate law enforcement agencies. I also agree that if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the San Marcos Housing Authority's general liability insurance carrier may result in my discharge.

If offered employment by the San Marcos Housing Authority, I agree to submit upon request to a physical examination to determine my ability to perform the duties of my position.

APPLICANTS WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO ESTABLISH BOTH THEIR IDENTITY AND THEIR RIGHT TO WORK IN THE UNITED STATES.

| Applicant's signature | Date |
|-----------------------|------|
|-----------------------|------|

HOUSING AUTHORITY

ALBERT SIERRA
EXECUTIVE DIRECTOR

OF THE CITY OF SAN MARCOS 1201 THORPE LANE WOODS HOMES CENTRAL OFFICE - (512) 353-5058 SAN MARCOS, TEXAS 78666

Criminal History Checks

Pursuant to the Housing Opportunity Program Extension Act of 1996, The San Marcos Housing Authority is authorized to check statewide and nationwide databases for records of criminal activity and convictions.

Criminal history checks will be made on all individuals over the age of 12, if the authority feels it is necessary to do so.

I, the undersigned individual, have been made aware of the requirement.

| Applicants Name | |
|-----------------|--|
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