Employment Application

Columbia Housing Authority
1917 Harden Street
Columbia, SC 29204-1015
Telephone (803) 254-3886
TDD (803) 256-7762

Name: _____
Last First Middle Maiden

Address _____
Street City State Zip Code

Social Security Number _____ **Telephone Number** _____

What position do you seek? _____

Education and Training: Please list all relevant information, including military training, special courses, seminars, etc.

	Name and Location	From	To	Major Subjects	Degree
High School		(ex. 1/1/2001)	(ex. 1/1/2001)		
College					
Other					

Describe licenses or certificates held _____

Typing Speed _____ **Shorthand** _____ **Dictaphone** _____

Other Skills (specify) _____

Who referred you? _____

Do you have any relatives currently employed by the CHA? _____

Have you ever worked for the CHA? Yes __ No __

If yes, give dates and job title _____

Do you have a driver's license? _____ **State** _____ **Number** _____

Have you ever pleaded guilty or been convicted of a crime other than a misdemeanor or traffic violation?
Yes __ No __ If yes. please give a summary of the offense on a separate piece of paper.

"An Equal Opportunity Employer"

Federal law prohibits discrimination on the basis of race, creed, color, national origin, sex, or age. The information requested on this application is necessary for conformance with federal record-keeping requirements and is intended for no other purposes.

Work History: Include U.S. Military service

Present Employer			Phone	Address
Starting Date (ex. 1/2001) (Month/Year)	Leaving Date (ex. 1/2001) (Month/Year)	Starting Pay: $	Final Pay: $	Reason for Leaving
Your Job Title and Description:				
Name of Supervisor		Title of Supervisor		May we Contact? Yes ___ No ___

Name of Previous Employer			Phone	Address
Starting Date (ex. 1/2001) (Month/Year)	Leaving Date (ex. 1/2001) (Month/Year)	Starting Pay: $	Final Pay: $	Reason for Leaving
Your Job Title and Description:				
Name of Supervisor		Title of Supervisor		May we Contact? Yes ___ No ___

Name of Previous Employer			Phone	Address
Starting Date (ex. 1/2001) (Month/Year)	Leaving Date (ex. 1/2001) (Month/Year)	Starting Pay: $	Final Pay: $	Reason for Leaving
Your Job Title and Description:				
Name of Supervisor		Title of Supervisor		May we Contact? Yes ___ No ___

Name of Previous Employer			Phone	Address
Starting Date (ex. 1/2001) (Month/Year)	Leaving Date (ex. 1/2001) (Month/Year)	Starting Pay: $	Final Pay: $	Reason for Leaving
Your Job Title and Description:				
Name of Supervisor		Title of Supervisor		May we Contact? Yes ___ No ___

I authorize this company to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application or termination of employment. I also understand that any employment given me will be on a 90-day probationary basis.

Signature _____ **Date** _____

Personnel Use Only

Interviewer Comments (Personnel):

Interviewer Comments (Department):

Reset Form