

Human Resources Department Fax:
817-33-3595/817-333- 3538
Email: asmith@fwhs.org/cwesley@fwhs.org



APPLICATIONS

The application initiates the employment process and must be completed by each applicant. Resumes may be attached to your application. Please be alert to the following items on the application form:

1. Please state the position for which you are applying. If clerical, note typing speed or keyboarding speed, also list the PC applications you are skilled in and the level of competence (beginner, intermediate, or advanced).
2. Experience is a key factor in the employment process. Please explain your duties, dates of employment and reason(s) for leaving positions held in the past.
Please complete this section, even if you attach a resume.

FWHS is an Equal Opportunity Employer. In the assessment of applicants, the following areas are evaluated:

- Experience in the position for which you are applying
- Work record and references
- Education or equivalent skills
- Pre-employment testing results
- Pre-employment drug testing
- Criminal Background Investigation

All applications are screened to select the most qualified applicants to interview. Individuals selected for interviews are further assessed, and the best-qualified applicant is selected for employment.

Applications are kept active for six months. During this period, you may call and advise us of any changes in your status or phone number. You must reapply to be considered for any other available position(s).

It is the Agency's goal to select highly qualified, motivated individuals for employment. Each applicant is judged on individual skills and abilities. Thank you for your interest in employment with us. If you have any questions, please contact the Human Resources Department.

A Fair Housing and Equal Employment Opportunity Agency





APPLICATION FOR EMPLOYMENT

1201 East 13th Street; Fort Worth, TX 76102-5764
817-333-3452; Fax: 817-348-0496; Email: hrtemp@fwhs.org

TO APPLICANT: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualification and may assist us in possible future upgrading. **Please Print Clearly.**

PERSONAL

Date _____

Name _____ Social Security No. XXX - XX -
Last First Middle

Address _____ Telephone No. () _____
No. Street City State Zip

Position applying for _____ Rate of pay expected \$ _____ yearly

Best time to contact you at home: _____

Are you legally eligible for employment in the U.S.? _____ State your age if under 18 _____

Were you previously employed by us? _____ If yes, When? _____ Type of transportation (Circle one): Car Bus Other

Date available for work _____ Are you a resident of a Fort Worth Housing Solutions community? _____

If yes, indicate name of community _____ Are you Section 3 Eligible? _____

Do you have any relatives working for the Solutions? _____ If yes, please indicate name and relationship. _____

Are you or any members of your family presently participating in Fort Worth Housing Solutions Assistance programs, either as a tenant or landlord? Yes No If yes, explain. _____

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work? Yes No

Are you willing to work overtime if required? Yes No

Do you possess a valid Texas Driver's License? (If yes, indicate license number) _____

Indicate name, address and phone no. of a person to contact in case of an emergency. _____

MILITARY SERVICE RECORD

Were you in the Armed Forces? _____ Dates of Duty _____ From _____ To _____

List duties in the service, including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

How did you here about employment at Fort Worth Housing Solutions? Employee Referral Indeed Career page Other

EDUCATION

School	Name & Address of School	Course of Study	Dates	Did you Graduate?	List Diploma or Degree
High			From	___ Yes ___ No	
			To		
College or University			From	___ Yes ___ No	
			To		
Trade, business, Night, Corres.			From	___ Yes ___ No	
			To		
Other (Specify)			From	___ Yes ___ No	
			To		

Do you type? Yes No Typing Speed _____ wpm Do you take dictation? Yes No Shorthand Speed _____ wpm

List office machines you can operate: _____

List any computer programs with which you are familiar: _____

What languages besides English can you speak, read or write? _____ How well? _____

Do you have any interests, hobbies or membership in any organization that relates to the job for which you have applied? (Please indicate)

Are there any other experiences, skills or qualifications which you feel would also qualify you for the position for which you have applied?

PERSONAL REFERENCES: (Do not list former employers or relatives)

I. Name and Occupation _____
Address _____ Phone No. _____

II. Name and Occupation _____
Address _____ Phone No. _____

III. Name and Occupation _____
Address _____ Phone No. _____

ADDITIONAL COMMENTS: _____

May we contact the employers and references listed? Yes No If not, indicate by number which one(s) you do not wish us to contact.

May we contact you at work? Yes No If yes, work number and best time to call _____.

WORK HISTORY

1. Most Recent Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
2. Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
3. Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
4. Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	

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PLEASE READ AND SIGN BELOW

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for Fort Worth Housing Solutions to withdraw my application from consideration and/or for termination of my employment.

I authorize Fort Worth Housing Solutions to investigate all references and to secure additional information about me, if job related. I hereby release from liability Fort Worth Housing Solutions and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Fort Worth Housing Solutions is an Equal Opportunity Employer. Fort Worth Housing Solutions does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by federal, state or local laws.

This application is kept on file for 6 months. At the end of that time, if I have not heard from Fort Worth Housing Solutions and wish to continue to be considered for employment, it will be necessary to fill out a new application.

I understand that employment at Fort Worth Housing Solutions is "at will," which means that either I or Fort Worth Housing Solutions can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no representative of Fort Worth Housing Solutions has the authority to make any assurances to the contrary.

Date

Signature

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VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Fort Worth Housing Solutions

Fort Worth Housing Solutions is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are an agency that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	____/____/____
Position applied for	

Section 2: Please check (√) all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Protected Veteran
		<input type="checkbox"/> Recently Separated Veteran

<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)		<input type="checkbox"/> Armed Forces Service Medal Veterans
		**Other
		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I do not wish to Self-Identify		
Signature:		
How did you hear of our opening?		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below:		
<i>For Human Resources Use Only:</i>	<i>Requisition #</i>	<i>Job Group</i>



Drug and Alcohol Consent Form

If you are offered and accept employment with FWHS, in the interest of safety for the company, co-workers, clients, customers, and anyone else you may have contact with as a result of your employment with us, you may be required to submit to a urine test for drug and/or alcohol use.

I, _____, have been fully informed of the reason for the test for drug and/or alcohol, I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer, FWHS, and will become part of my file.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize the test results to be released to FWHS.

Signature: _____ Date: _____

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AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

Signature _____ Date: ____/____/____ (Month/Day/Year)

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____