

# Housing Authority of Travis County



## APPLICATION FOR EMPLOYMENT

Instructions: Download and print application, complete pages 1-3 filling out all requested information. Write clearly and neatly, use black or blue ink. Attach Cover letter, Resume and mail to:

The Housing Authority of Travis County  
 Attention: Debbie Honeycutt  
 502 East Highland Mall Blvd.; Suite 106-B  
 Austin, Texas 78752

**PLEASE DO NOT SEND ANY APPLICATIONS FOR EMPLOYMENT AS ATTACHMENTS TO E-MAIL; IT WILL be unopened and deleted  
 NO ACKNOWLEDGMENT OF RECEIPT OR OTHER RESPONSE WILL BE SENT.**

**PLEASE COMPLETE PAGES 1-3**

APPLICANT INFORMATION			Date
Last Name	First	M.I.	
Street Address			Apartment/Unit #
City	State		ZIP
Date Available	Social Security Number		Desired Salary
Home Phone ( ) -		Cell Phone ( ) -	
Position Applied for			
Are you a citizen of the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for this company?		Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?	
Have you ever been convicted of a felony?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?	

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College/Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

**WORK EXPERIENCE** - Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Phone ( )	
Address	Name of last supervisor	
Job Title	Starting Salary \$	Ending Salary \$
From To	Reason for leaving (be specific)	

May we contact your previous supervisor for a reference? Yes  No

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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DO YOU HAVE A VALID DRIVER'S LICENCE? Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's License number \_\_\_\_\_ State of issue \_\_\_\_\_ Operator  Commercial(CDL)  Chauffeur

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**MILITARY SERVICE**

Branch	From To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

**EQUAL OPPORTUNITY EMPLOYER**

Signature	Date
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