

Instructions: Print application, fill out application completely, mail to:

Attn: Human Resources Department
 The Housing Authority of Travis County
 P.O. Box 1527
 Austin, Texas 78767-1527

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

APPLICATION FOR EMPLOYMENT



Housing Authority of Travis County

APPLICANT INFORMATION			Date
Last Name	First	M.I.	
Street Address			Apartment/Unit #
City	State	ZIP	
Date Available	Social Security Number	Desired Salary	
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

PREVIOUS EMPLOYMENT			
Company			Phone ()
Address			Supervisor
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company			Phone ()
Address			Supervisor
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
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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