

HOUSING AUTHORITY OF THE CITY OF YORK

31 South Broad Street, York, PA 17403

Administrative Office (717) 845-2601
 Section 8 Program Office (717) 854-7846
 TDD Only (717) 846-9157
 Telecopier (717) 845-9251

 Social Security Number

 Date

 First Name

 Last Name

 Middle Initial

 Street

 City

 State

 Zip Code

 Phone Number

 Referred By

Yes No

 E-Mail Address

 Are you a Veteran?

 Position Desired

 Salary Desired

 Date You Can Start

Education & Training	Name & Location of School	# Of Years Attended	Graduated	Subject(s) Studied	Degree
High School	_____		<input type="checkbox"/> Yes		
	_____		<input type="checkbox"/> No		
Trade, Business, Correspondence School, College	_____		<input type="checkbox"/> Yes		
	_____		<input type="checkbox"/> No		

Former Employers: List below former employers starting with the last one first.

Date (Month & Year)	Name & Address of Employer	Salary	Position	Reason for Leaving
From:	_____			
To:	_____			
From:	_____			
To:	_____			
From:	_____			
To:	_____			
From:	_____			
To:	_____			

References: List below the names of three persons not related to you whom you have known at least one year.

Name	Mailing Address	Phone Number	Relationship
	<hr/> <hr/>		<input type="checkbox"/> Personal <input type="checkbox"/> Professional
	<hr/> <hr/>		<input type="checkbox"/> Personal <input type="checkbox"/> Professional
	<hr/> <hr/>		<input type="checkbox"/> Personal <input type="checkbox"/> Professional

Were you ever convicted of a misdemeanor or felony? Yes No.

If yes, please give details on a separate sheet of paper.

Check here if a job description has been forwarded to you along with this application.

Please review the essential duties of the job

Can you perform all of the duties listed in a satisfactory manner? Yes No

If no, please describe the duties you cannot perform and the accommodations needed that would enable you to do them.

If there are duties that cannot be performed and accommodations cannot be made, please list them.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for refusal of employment.

Date

Signature

There shall be no discrimination against employees or applicants for employment on account of race, creed, color, age, national origin, sex, any political or union affiliation, or handicap.

EQUAL OPPORTUNITY EMPLOYER