



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

1400 Kennedy Drive – Key West, FL 33040 • Phone: 305-296-5621 • TTY/Florida Relay Service (FRS): 800-955-8771

Application for Employment		
Please Print		
First & Last Name: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone Number: _____	Email: _____	
This application form was designed for use by persons applying for various types of positions: clerical, professional, technical, and administrative. Please answer the following questions to the best of your ability.		
Which position are you applying for? _____		
Do you wish to work _____ Full-Time _____ Part-Time _____ Temporarily If part-time, please specify the days and times you are available to work: _____		
What is your minimum salary requirement? _____		
When can you start? _____		
Do you have another employer? _____		
Do you have a driver's license? _____ (Type) _____ (State) _____ (Expiration)		
Skills:		
Typing speed: _____ words per minute		
Number of years of computer experience: _____		
Types of software you are familiar with: _____ _____ _____		
Office machines you can operate: _____ _____ _____		

Education Data:			
School	Name of School Address City, State, Zip	Year of Graduation / Completion	Course / Degree / Certificate Type
High School			
College / University			
Trade / Business School			
Other			

General Information:

If hired, are you able to provide us with proof of identification and employment eligibility?
 _____ YES _____ NO

Have you ever been convicted of a criminal offense? _____ YES _____ NO
 Date of conviction: _____ Place of conviction: _____
 Nature of the conviction: _____

Have you previously applied for employment with the KWHA? _____ YES _____ NO
 If yes, when? _____

Have you previously been employed by the KWHA? _____ YES _____ NO
 If yes, when? _____ What was your position? _____

Do you have any relatives employed by the KWHA? _____ YES _____ NO
 If yes, please list their name(s) and the relationship(s): _____

References:

Please list at least three (3) personal references, not including former employers or relatives.

Name	Address	Occupation	Telephone No.

Employment History:

Please list all previous employers beginning with the present or most recent first. Use an additional sheet of paper if necessary. Also, please explain any gaps in employment record.

Employer Name	Employer Address	Telephone No.	Supervisor's Name

Salary	Dates of Employment	Job Title
Start: \$	Start:	Start:
End: \$	End:	End:

Duties:

Reason(s) for Leaving: _____

May we contact this employer? ____ YES ____ NO

Employment History:

Employer Name	Employer Address	Telephone No.	Supervisor's Name

Salary	Dates of Employment	Job Title
Start: \$	Start:	Start:
End: \$	End:	End:

Duties:

Reason(s) for Leaving: _____

May we contact this employer? ____ YES ____ NO

Employer Name	Employer Address	Telephone No.	Supervisor's Name
Salary	Dates of Employment	Job Title	
Start: \$	Start:	Start:	
End: \$	End:	End:	
Duties:			

Reason(s) for Leaving: _____			
May we contact this employer? ____YES ____NO			
Employer Name	Employer Address	Telephone No.	Supervisor's Name
Salary	Dates of Employment	Job Title	
Start: \$	Start:	Start:	
End: \$	End:	End:	
Duties:			

Reason(s) for Leaving: _____			
May we contact this employer? ____YES ____NO			
Miscellaneous Additional Information:			
Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap.)			

Agreement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations, and policies of the Housing Authority of the City of Key West. I have read and signed the job description for the position in question. I understand and agree that the job description may be amended from time to time. There is nothing to keep me from fulfilling the duties as listed.

Signature of Applicant	Printed Name	Date



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Criminal - Traffic Background Authorization Form

Name: (Last, First, Middle) _____

Alias: _____ Maiden Name: _____ Date of Birth: _____

Current Address: _____ City: _____

Previous Address: _____ City: _____

I hereby authorize the Housing Authority to obtain any Criminal – Traffic background information that may be relevant for employment.

All information obtained will remain confidential and cannot be released by the Housing Authority without my written consent. I understand that I may withdraw this consent at any time.

Signature of Individual

Date

Witness

Record Information: (To be completed by the Housing Authority)

_____ We show no local arrest information on the subject.

_____ We show local arrest information on the subject.

_____ We show no active warrants on the subject.

_____ We show warrants on the subject.

_____ We show no criminal history on the subject.

_____ We show criminal history on the subject.

_____ Other _____

Staff Signature

Date

