



OCALA HOUSING AUTHORITY APPLICATION COMPLETION GUIDE

Thank you for applying with the Ocala Housing Authority (OHA). Your application is the first step in the process of seeking employment. Please read all instructions carefully and complete all sections to the best of your knowledge. If an item does not apply to you, note N/A (not applicable). Falsification or omission of information may result in rejection of the application, or dismissal if you are employed by the Ocala Housing Authority.

Part A (Written Application Form)

- To apply for a position, you must complete both Part A (written application form) and Part B (information sheet).
- Read and follow **ALL** instructions. If you have questions or need additional information concerning the employment application, contact the Human Resources Department at (352) 369-2636, ext 231.

READ THIS BEFORE COMPLETING APPLICATION

Read this section completely, before filling out any portion of the application.

POSITION APPLIED FOR

Date: Today's date

Position Title: This can be obtained from the Job Posting or Advertisement.

Regular OHA Employee: If you are a regular (not temporary) OHA employee, check yes. If not, check no.

Department: If you are a regular (not temporary) OHA employee give your current department.

HOW DO WE CONTACT YOU

Full Name: Your full legal name.

Name you prefer being called: If you use a name other than the name listed under Full Name, you may put it here. _____

Social Security Number: Required

Home Address, City, State, Zip: Your current home address.

Home Phone: Your home telephone number. If you do not have a home phone, you must provide a telephone number where you can be reached and/or a message taken.

Work Phone: Your work telephone number, if applicable.

Fax: If applicable

E-Mail: If applicable

Mailing Address: Your current mailing address if different from your home address.

NOTE: If you change your address or telephone number, please notify us immediately.

EDUCATION

- Give dates of attendance; credit (semester or quarter) hours, type of degree and course study.
- Be sure to answer yes or no under “Graduated”.
- List all technical and/or trade courses or programs you have attended. This includes any military training or courses.
- If hired, you will be required to furnish OHA with copies of your diplomas.

PROFESSIONAL CERTIFICATION, LICENSE OR ACCREDITATION

- List the Type, Certification Number, Expiration Date and Level of any Professional Certification, License or Accreditation you hold.
- You may be required to produce evidence of licenses, certifications or educational attainment.

EMPLOYMENT HISTORY:

- Starting with your current or last job, list **ALL** periods of employment since age 18, including self-employment, military service and volunteer work. Account for ALL periods of unemployment. If you were unemployed because of medical reasons, do not give any specific information, Just state “medical”.
- A resume of your employment record will **NOT** be accepted in a place of the requested Employment History information. You may submit a Resume as a supplement, not a replacement.
- If you have additional employment history, complete an “Employment History Supplement”. Form attached.

COMPUTER SKILLS

- List your computer skills and years of practical experience.

RELEVANT INFORMATION

- Answer all questions in full.

PART B (Information Sheet)

Must be completed and submitted with Part A

- Double check to assure you have not missed any sections.
- Information on county of residence, race, sex, and age is optional. This information will be used by the OHA’s Equal Opportunity Office to monitor OHA recruiting and hiring practices. Your help with respect to providing this information is greatly appreciated.

For Assistance or Special Accommodations in Completing the Application Packet, Please Contact the Human Resources Representative at (352) 369-2636 ext.231

Human Resources Department, 1629 NW 4th Street, Ocala, FL 34475 (352) 369-2636, ext. 231

- Fax No. (352) 369-2648
- E-mail: groberts@ocalahousing.org



**OCALA HOUSING AUTHORITY (OHA)
EMPLOYMENT APPLICATION**

1629 NW 4th Street Ocala, FL 34475. (352) 369-2636, Fax No. (352) 369-2642

FOR OHA USE ONLY:

_____ OHA EMPLOYEE _____ DEPARTMENT EMPLOYEE	_____ / _____
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PART A Note: [Completion of PART B (Information Sheet) is also required.]

POSITION APPLIED FOR	
_____ DATE	REGULAR OHA EMPLOYEE YES _____ NO _____
_____ POSITION TITLE	IF YES, DEPARTMENT _____

PLEASE READ THIS BEFORE COMPLETING APPLICATION	HOW DO WE CONTACT YOU
<ul style="list-style-type: none"> To apply for a vacancy you must complete an OHA employment application Part A & B form in full, answering all questions completely and accurately. Failure to fully complete application will result in immediate rejection. If an item does not apply to you, please note N/A (not applicable). This application will be used as a screening tool for determining qualifications in the hiring process. Any misstatements or omissions of fact herein on the employment application, and/or any required supplemental information, will cause an offer of employment made by the OHA to be withdrawn or employment with the OHA terminated. Under Florida Law, information provided, with the exception of medical, will become public record upon receipt by the Ocala Housing Authority. Therefore, applications requesting confidentiality will be rejected. Application must include social security number in order to be processed. 	_____ Full Name _____ Name You Prefer Being Called (If different from above) _____ Social Security Number _____ Home Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Fax _____ E-Mail _____ _____ Mailing Address (if different): _____ City _____ State _____ Zip _____

EDUCATION						
Schools	Name of School Attended City and State	Years Completed	Graduated Y/N	Type of Degree	S/Q Hours	Course of Study
High School/GED						
College/University						
Graduate School						
Vocational/Business						
Other						

“This opportunity is covered under Section 3 of the HUD Act of 1968”

PROFESSIONAL CERTIFICATION, LICENSE OR ACCREDITATION			
Type	Certification Number	Expiration Date	Level

EMPLOYMENT HISTORY
<p align="center">Please Read Before Completing Employment History Section</p> <p>Starting with your current or last job, list all periods of employment since age 18, including self-employment, military service and volunteer work. Account for all periods of unemployment. Complete additional sheets, if necessary. Note: A Resume of your employment record will not be accepted in place of the requested Employment History information. You may submit a Resume as a supplement. Past employers may be contacted to verify your work history.</p> <ul style="list-style-type: none"> • Failure to complete this section in full will result in rejection of application.

Leave no blank spaces. You may attach a Resume; however, a Resume may Not substitute for the completion of the information requested.

May we contact your current employer? Yes _____ No _____ (Note: Past employers may be contacted to verify work history.)

Present or Last Employer	Name: _____ Starting Date: _____ Ending Date: _____
	Address: _____ Phone #: _____ Fax #: _____
	City: _____ State: _____ Zip Code: _____
	Your Job Title: _____ Hours/week: _____ Ending Salary: _____
	Supervisor's Name and Title: _____
	Reason(s) for leaving: _____
	Describe duties and responsibilities: _____

If you were unemployed between these jobs, please provide dates: _____
reason:(if medical do not give specific reasons)

Employment History Continued

Previous Employer	Name: _____ Starting Date: _____ Ending Date: _____
	Address: _____ Phone #: _____ Fax #: _____
	City: _____ State: _____ Zip Code: _____
	Your Job Title: _____ Hours/week: _____ Ending Salary: _____
	Supervisor's Name and Title: _____
	Reason(s) for leaving: _____
	Describe duties and responsibilities: _____

If you were unemployed between these jobs, please provide dates: _____
reason: _____

Previous Employer	Name: _____ Starting Date: _____ Ending Date: _____
	Address: _____ Phone #: _____ Fax #: _____
	City: _____ State: _____ Zip Code: _____
	Your Job Title: _____ Hours/week: _____ Ending Salary: _____
	Supervisor's Name and Title: _____
	Reason(s) for leaving: _____
	Describe duties and responsibilities: _____

If you were unemployed between these jobs, please provide dates: _____
reason: _____

Previous Employer	Name: _____ Starting Date: _____ Ending Date: _____
	Address: _____ Phone #: _____ Fax #: _____
	City: _____ State: _____ Zip Code: _____
	Your Job Title: _____ Hours/week: _____ Ending Salary: _____
	Supervisor's Name and Title: _____
	Reason(s) for leaving: _____
	Describe duties and responsibilities: _____

If you were unemployed between these jobs, please provide dates: _____
reason: _____

Previous Employer	Name: _____ Starting Date: _____ Ending Date: _____
	Address: _____ Phone #: _____ Fax #: _____
	City: _____ State: _____ Zip Code: _____
	Your Job Title: _____ Hours/week: _____ Ending Salary: _____
	Supervisor's Name and Title: _____
	Reason(s) for leaving: _____
	Describe duties and responsibilities: _____ _____

If you were unemployed between these jobs, please provide dates: _____
reason: _____

List Professional Affiliations and offices held:

List any additional information relevant to the position:

Please describe why you believe you are qualified for the position you are applying for?

If you have additional employment history, complete an Employment History Supplement form.

COMPUTER SKILLS

Do you have knowledge of:

PC MAC Windows DOS Other _____

Indicate years of practical experience in the following:

Word Processing	WORD _____ yrs	WordPerfect _____ yrs	Power Point _____ yrs	(Other) _____ yrs
Spreadsheet	Excel _____ yrs	QuattroPro _____ yrs	Lotus 1-2-3 _____ yrs	(Other) _____ yrs
Desktop Publishing	Publisher _____ yrs	Print Shop _____ yrs	Pagemaker _____ yrs	(Other) _____ yrs
Data Base Management	Access _____ yrs	FoxPro _____ yrs	dBase _____ yrs	(Other) _____ yrs

How many correct words per minute can you type? _____

Typing test will be conducted at a local Temporary Personnel Agency.

RELEVANT INFORMATION

Please answer all questions. Failure to complete in full will cause this application to be rejected.

Do you possess a valid Florida Driver's License? YES NO

Do you possess a valid Commercial Driver's License? YES NO

Class: A B C T (Temporary)

State: _____

Number: _____

Expiration date: _____ class: _____

Have you served in any U.S. Military Service? YES NO

If yes, list branch, rank attained, dates of enlistment, and nature of discharge.

Branch: _____ Date entered: _____ Type of discharge: _____

Rank: _____ Date discharged: _____

Are you related to any OHA Employee's? YES NO If yes, give name and relationship _____

Are you friends with any OHA Employees? YES NO If yes, please give name _____

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

Are you able to perform the essential functions of the job for which you are applying either without accommodations or with a reasonable amount of accommodation? YES NO

Are you currently a client and/or landlord of OHA? YES NO

If yes, explain (program, services, date, etc.): _____

Have you ever been a client and/or landlord of OHA in the past? YES NO

If yes, explain (program, services) and include time period: _____

Are any of your immediate family members currently a client and/or landlord of OHA? YES NO

If yes, give name and relationship: _____

If yes, explain (program, services, date, etc.): _____

Have any of your immediate family members ever been a client and/or landlord of OHA in the past?

YES NO

If yes, give name and relationship: _____

If yes, explain (program, services, etc.) and include time period: _____

***Immediate family member includes the following: Father, mother, foster parent, brother, sister, spouse, domestic partner living in the same household, former spouse with minor children, son, daughter, current father-in-law, current mother-in-law, current brother-in-law, current sister-in-law, grandfather, grandmother, current step-mother, current step-father, step-children, and foster children living in the same household.**

Read and Complete the Following Five Statements

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts herein will cause any offer of employment made by the Ocala Housing Authority to be withdrawn or my employment with the OHA terminated. I further understand that all information provided herein is public record and is subject to review upon request, excluding my social security number.

Yes _____ Initials

I hereby authorize the Ocala Housing Authority and its agents to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to conduct a thorough investigation of my character, reputation, past employment, education history, criminal record, and driving record. Accordingly, I authorize and direct those parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I direct former employers to furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing such information, including, but not limited to, any liability for defamation or invasion of privacy.

Yes _____ Initials

I understand that this investigation will be conducted prior to my being offered a job or prior to the completion of my probationary period.

Yes _____ Initials

I acknowledge and accept that, under Florida Law, any information, with the exception of medical information and social security number, will become public record upon receipt by the OHA, and I hereby waive any rights or claims I may have whether presently fully developed or not, against the Ocala Housing Authority or its agents or employees, arising out of, or resulting from, the release, authorized or unauthorized, of the information received pursuant to or in connection with the OHA's handling, processing or investigation, of my application for employment with the OHA.

Yes _____ Initials

I understand that during the selection process I may be required to complete an information packet for background check purposes.

Yes _____ Initials

PART B Additional Information

The following information is being gathered for the purposes of reporting data to the Equal Employment Opportunity Commission and our own Affirmative Action purposes, and will not affect hiring decisions.

Date _____ Name _____

Position Applying For _____

Date of Birth: _____

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Other _____ <p align="center">Please Specify</p>
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Please indicate how you first learned about this position?

<input type="checkbox"/> Ocala Star Banner	<input type="checkbox"/> Journal/ Publication	<input type="checkbox"/> Mahogany Revue
<input type="checkbox"/> Gainesville Sun	<input type="checkbox"/> Employee Reference	<input type="checkbox"/> Tri-County Challenger
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____	

Years of documental experience related to this position.
 1 2 3 4 5 6 7 8 9 10 More than 10

For each level, indicate highest year completed.

High School/ GED	College	Graduate School	Vocational/Technical/Business School
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

Are you currently a regular (non-temporary) employee of the Ocala Housing Authority?
 Yes No N/A

Is the position you are applying for in your current department?
 Yes No N/A

If you are a regular employee, have you completed your first (initial) probation?
 Yes No N/A

**Ocala Housing Authority
Employment Reference Verification**

Date: _____

Applicants Name: _____

Address: _____

Phone: _____

Business Reference

Name: _____

Address: _____

Phone: _____

Relationship to Applicant: _____

Number of Years Known: _____

Personal Reference

Name: _____

Address: _____

Phone: _____

Relationship to Applicant: _____

Number of Years Known: _____

Business/Personal Reference

Name: _____

Address: _____

Phone: _____

Relationship to Applicant: _____

Number of Years Known: _____

I, _____, consent to the Ocala Housing Authority contacting any of the above business and personal references in order to verify my character for consideration of employment with the Ocala Housing Authority.

Applicant

Date