



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

**TEMPORARY EMPLOYMENT ONLY**

1629 NW 4<sup>TH</sup> Street Ocala, FL 34475. (352) 369-2636 Fax No. (352) 369-2642

FOR OHA USE ONLY:

_____ OHA EMPLOYEE
_____ DEPARTMENT EMPLOYEE _____ / _____

POSITION APPLIED FOR	
_____	REGULAR OHA EMPLOYEE
DATE	YES _____ NO _____
_____	IF YES, DEPARTMENT _____
POSITION TITLE	
Total number of hours per week that you are available to work: _____	
Preferred Schedule (i.e., 8 – 1, 8 – 5): _____	
Length of Employment period you are available (i.e., 2months, 1 year): _____	

HOW DO WE CONTACT YOU	
_____	
<b>Full Name</b>	
_____	
<b>Name You Prefer Being Called (If different from above)</b>	
_____	
<b>Social Security Number</b>	
_____	
<b>Home Address</b>	
_____	
_____	_____
<b>City</b>	<b>State</b>
_____	<b>Zip</b>
_____	_____
<b>Home Phone</b>	<b>Work Phone</b>
_____	_____
<b>Fax</b>	<b>E-Mail</b>
_____	_____
<b>Mailing Address (if different):</b>	
_____	
_____	_____
<b>City</b>	<b>State</b>
_____	<b>Zip</b>
_____	_____

EDUCATION						
Schools	Name of school Attended City and State	Years Completed	Graduated Y/N	Type of Degree	S/Q Hours	Course of Study
<b>High School/GED</b>						
<b>College/University</b>						
<b>Special Training/Licenses/Certifications:</b> _____						

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

**EMPLOYMENT HISTORY**

Please Read Before Completing Employment History Section  
List your present and last employer, including self – employment, military service and volunteer work.

A Resume may be attached in addition to the completion of the Employment History Section.

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

May we contact this employer?     Yes     No

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

May we contact this employer?     Yes     No

**COMPUTER SKILLS**

Do you have knowledge of:

- PC     MAC     Windows     DOS     Other \_\_\_\_\_

Indicate years of practical experience in the following:				
<b>Word Processing</b>	<b>WORD</b> _____ yrs	<b>WordPerfect</b> _____ yrs	<b>Power Point</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Spreadsheet</b>	<b>Excel</b> _____ yrs	<b>QuattroPro</b> _____ yrs	<b>Lotus 1-2-3</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Desktop Publishing</b>	<b>Publisher</b> _____ yrs	<b>Print Shop</b> _____ yrs	<b>Pagemaker</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Data Base Management</b>	<b>Access</b> _____ yrs	<b>FoxPro</b> _____ yrs	<b>dBase</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Answer Telephones</b>	_____ yrs	<b>Type</b> _____ wpm		<b>Copier</b> _____ yrs.

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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 state date, type, and outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation? Yes  No  How Long? \_\_\_\_\_

<b>Read and Complete the Following Five Statements</b>
<p>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.</p> <p><input type="checkbox"/> Yes _____ Signature</p> <p>I understand that during the selection process I may be required to complete an information packet for drug testing and background check purposes.</p> <p><input type="checkbox"/> Yes _____ Initials</p> <p>I understand that this temporary position is not eligible for the regular OHA employee benefits.</p> <p><input type="checkbox"/> Yes _____ Initials</p>

**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"/> American Indian/ Alaskan Native
<input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> Asian/ Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____ Please Specify

OHA USE ONLY:	
Position hired for: _____	
Department: _____	Supervisor: _____
Start Date: _____	
Schedule: _____	
Length of Employment: _____	
Rate of Pay: _____	
.....	
Interviewed by: _____	
Supervisor's Approval: _____	
Executive Director's Approval: _____	

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