



## 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. You can find the OHA application through our website: <https://www.ocalahousing.org/index.php/doing-business-with-oha/work-for-oha/> through our "Opportunities" tab.

### 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 4<sup>th</sup> Street, Ocala, FL 34475 (352) 369-2636, ext. 231**

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



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

1629 NW 4<sup>th</sup> Street Ocala, FL 34475. (352) 369-2636, Fax No. (352) 369-2648

**FOR OHA USE ONLY:**

OHA EMPLOYEE ☐ \_\_\_\_\_ / \_\_\_\_\_

DEPARTMENT EMPLOYEE ☐ \_\_\_\_\_

**PART A Note: [Completion of PART B (Information Sheet) is also required.]**

POSITION APPLIED FOR	
DATE _____	REGULAR OHA EMPLOYEE YES <input type="checkbox"/> NO <input type="checkbox"/>
POSITION TITLE _____	IF YES, DEPARTMENT _____

PLEASE READ THIS BEFORE COMPLETING APPLICATION	HOW DO WE CONTACT YOU
<ul style="list-style-type: none"> <li>To apply for a vacancy you must complete an OHA employment application Part A &amp; B form in full, answering all questions completely and accurately. Failure to fully complete application will result in immediate rejection.</li> <li>If an item does not apply to you, please note N/A (not applicable).</li> <li>This application will be used as a screening tool for determining qualifications in the hiring process.</li> <li>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.</li> <li>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.</li> <li>Application must include social security number in order to be processed.</li> <li><b>Answering "YES" to the question in red will result in immediate rejection due to a conflict of interest.</b></li> </ul>	<p>Full Name _____</p> <p>Name You Prefer Being Called (If different from above) _____</p> <p>Social Security Number _____</p> <p>Home Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Fax _____ E-Mail _____</p> <p>Mailing Address (if different): _____</p> <p>City _____ State _____ Zip _____</p> <p><b>Are any of your family members currently serving as an OHA Board member, a public official (City or County Commissioner or State Legislator), or a member of Congress?</b></p> <p><b>YES NO</b></p>

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"><b>Please Read Before Completing Employment History Section</b></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"> <li>• <b>Failure to complete this section in full will result in rejection of application.</b></li> </ul>

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)

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## Employment History Continued

<b>Previous 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> _____		
	_____		

**If you were unemployed between these jobs, please provide dates:** \_\_\_\_\_  
**reason:** \_\_\_\_\_

<b>Previous 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> _____		
	_____		

**If you were unemployed between these jobs, please provide dates:** \_\_\_\_\_  
**reason:** \_\_\_\_\_

<b>Previous 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> _____		
	_____		

**If you were unemployed between these jobs, please provide dates:** \_\_\_\_\_  
**reason:** \_\_\_\_\_

<b>Previous 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> _____		

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

List Professional Affiliations and offices held:

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List any additional information relevant to the position:

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

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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:				
<b>Word Processing</b>	<b>Microsoft Word</b> _____ yrs	<b>iWork Pages</b> _____ yrs	<b>Google docs</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Spreadsheet</b>	<b>Microsoft Excel</b> _____ yrs	<b>Google Sheets</b> _____ yrs	<b>Apple Numbers</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Desktop Publishing</b>	<b>Publisher</b> _____ yrs	<b>Adobe InDesign</b> _____ yrs	<b>QuarkXPress</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Data Base Management</b>	<b>Microsoft Access</b> _____ yrs	<b>SolarWinds</b> _____ yrs	<b>DbVisualizer</b> _____ yrs	<b>(Other)</b> _____ yrs
<b>Presentation Software</b>	<b>PowerPoint</b> _____ yrs	<b>Prezi</b> _____ yrs	<b>Visme</b> _____ yrs	<b>(Other)</b> _____ yrs

How many correct words per minute can you type? \_\_\_\_\_

A Microsoft Office Suite Assessment may be conducted at CareerSource.

## 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 Employee's YES ☐ NO ☐ If yes, please give name and relationship \_\_\_\_\_

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 accommodations? YES ☐ NO ☐

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

If yes, explain (program, services, dates, etc.): \_\_\_\_\_

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

If yes, explain (programs, services) and include time periods: \_\_\_\_\_

Are any of your immediate family members ever been a client and/or landlord of the OHA? YES ☐ NO ☐

If yes, give name and relationship: \_\_\_\_\_

If yes explain (program, services, date, etc.) \_\_\_\_\_

Have any of your 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.

## OHA HUMAN RESOURCES QUESTIONS

1. Are you claiming Veteran's Preference? Note: To receive Veteran's Preference, it is required that proof such as a DD214 (Military Discharge Papers) or its equivalent from the VA showing military status, dates of service and discharge type, along with the completed Veteran's Preference Claim form (found on the employment Services website) **MUST BE SUBMITTED WITH THIS APPLICATION, PRIOR TO THE APPLICATION DEADLINE DATE.** Spouses, widows, or widowers qualifying for Veteran's employment preference **MUST SUBMIT** with this application, the required documents to receive Veteran's Preference. YES ☐ NO ☐
2. Have you ever been dismissed from a position? YES ☐ NO ☐
3. Have you ever been asked to resign from a position? YES ☐ NO ☐
4. Have you ever been refused continuing employment YES ☐ NO ☐
5. Have you ever been investigated for misconduct related to your employment? YES ☐ NO ☐
6. Have you ever been placed on leave by your employer or left such employment prior to the end of the contract term due to any reason other than the Family Medical Leave Act (FMLA) or a physical disability ? YES ☐ NO ☐
7. Are you a U.S. citizen or otherwise legally authorized to work in the United States? YES ☐ NO ☐
8. Do you understand that any omission, incorrect, or false response to any information on your application will constitute a reason for refusal to hire or dismissal? If in doubt, disclose and explain. Failure to disclose convictions will result in a applicant being ineligible for employment for a period of no less than one (1) year. Acknowledgment of a prior conviction will not automatically disqualify you from consideration for employment? YES ☐ NO ☐
9. Are you 18 years of age or older? YES ☐ NO ☐
10. Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations? YES ☐ NO ☐
11. Do you authorize any and all organizations including, but not limited to, current or previous employers, educational institutions, etc. , their employees, representatives, and agents to provide any and all information regarding your employment or education to the Ocala Housing Authority (OHA) and its employees, representatives, and agents requesting such information? YES ☐ NO ☐



### **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: \_\_\_\_\_

- ☐ Male      ☐ Female
- ☐ Black      ☐ White      ☐ Hispanic      ☐ American Indian/ Alaskan Native
- ☐ Asian/ Pacific Islander      ☐ Other \_\_\_\_\_
- Please Specify

Please indicate how you first learned about this position?

- ☐ Ocala Star Banner      ☐ Indeed      ☐ Mahogany Revue
- ☐ Gainesville Sun      ☐ Employee Reference      ☐ OHA Main Website
- ☐ Employment Agency      ☐ Word of Mouth      ☐ Job Fair
- ☐ Radio      ☐ Other \_\_\_\_\_

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"/>

***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

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