



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

**EQUAL HOUSING
OPPORTUNITY**

TEMPORARY EMPLOYMENT ONLY

1629 NW 4TH 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	

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						
Special Training/Licenses/Certifications: _____						

“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.

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: _____ _____ _____

May we contact this employer? Yes No

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: _____ _____ _____

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:

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
Answer Telephones	_____ yrs	Type _____ wpm		Copier _____ yrs.

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

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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 currently on probation? Yes No How Long? _____

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.

Yes _____ **Signature**

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

Yes _____ **Initials**

I understand that this temporary position is not eligible for the regular OHA employee benefits.

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"/> 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: _____

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Interviewed by: _____

Supervisor's Approval: _____

Executive Director's Approval: _____