



Housing Authority of GLASGOW

111 BUNCHE AVENUE
P.O. BOX 1745
GLASGOW, KY 42142-0473

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SHERI D. LEE, P.H.M. • EXECUTIVE OPERATIONS OFFICER

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

TODAY'S DATE _____

NAME _____

SOCIAL SECURITY # _____

CURRENT ADDRESS _____

PHONE# _____ STREET CITY STATE ZIP
ARE YOU 18 YEARS OF AGE OR OLDER? ____ YES ____ NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN U.S.A. ____ YES ____ NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED? _____

ARE YOU EMPLOYED NOW? ____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

IF NO, WHY NOT? _____

HAVE YOU EVER APPLIED TO THE HOUSING AUTHORITY OF GLASGOW BEFORE? _____ WHEN _____?

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN, OF ITS MEMBERS)

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

CURRENT MEMBER IN NATIONAL GUARD OR RESERVES? _____

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE. (CONT. ON OTHER SIDE)

FORMER EMPLOYERS: (LIST BELOW THREE EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN
1.					
2.					
3.					

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP TO YOU: _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE SIGNED: _____ YOUR SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____ HIRED: _____ YES _____ NO

POSITION: _____ DEPT. _____ SALARY/WAGE: _____

APPROVED: 1. _____ 2. _____ 3. _____

(EXECUTIVE OPERATIONS OFFICER) (ASSISTANT HOUSING DIRECTOR) (DEPARTMENT HEAD)

DATE TO REPORT TO WORK: _____ WHERE TO REPORT: _____

CONSENT FOR RELEASE OF PERSONAL INFORMATION

DATE: _____

I authorize the release of information concerning my previous employment, references and /or criminal records to the Housing Authority of Glasgow.

This information will be used by the Housing Authority to process my employment application for qualification purposes.

I understand that all information obtained by the Housing Authority will be kept confidential.

Name (please print)

Social Security Number

Date of Birth

Signature

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net

The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$25.00 fee (check or money order).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN OR ALIAS NAMES: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees, if applicable. ALL INFORMATION BELOW IS REQUIRED

Signature

Date

Requested by:
HOUSING AUTHORITY OF GLASGOW
111 Bunche Avenue, P.O. Box 1745
Glasgow, KY 42142-1745
270-651-3859

Requestor/contact Person: _____



AOC Website Results: (mark one)

No Record; As Told; Other;

If Other: See Attached

NSOPW.GOV (National Sex Offender Website)

(mark one):

No Record; Other; If Other, See Attached

Date Checked: _____

Staff Signature: _____