

Housing Authority of Burkesville
401 Sunset Dr
Burkesville, Ky 42717
270-864-5111
E-Mail ~~housing@bvilleha.com~~

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Application for Employment

Please fill out form completely for employment consideration.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			
Business Phone () -			Email Address:
What was your previous address?			How long at present address? Years Months
Are you over 18 years of age? ☐ Yes ☐ No If not, employment is subject to verification of minimum legal age.			
Have you ever applied for employment with us? ☐ Yes ☐ No If Yes: Month and Year _____ Location _____			Social Security No. - -
How did you learn of our organization?			
Are you legally eligible for employment in the United States?		When will you be able to work?	
Are you employed now?		If so, may we inquire of your present employer?	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ☐ Yes ☐ No If Yes, describe in full.			

2.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

3.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

4.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact

Employer Number(s) _____
Reason _____

References: Give below the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1.				
2.				
3.				