



# HOUSING AUTHORITY OF POMPAÑO BEACH

321 WEST ATLANTIC BOULEVARD  
POST OFFICE BOX 2006  
POMPAÑO BEACH, FLORIDA 33061  
(954) 785-7200 TELEPHONE (TDD)  
(954) 942-8142 FACSMILE

## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

**INSTRUCTION:** Please fill out this application accurately and completely. **PLEASE TYPE or PRINT your answers. If printing, please do so in BLACK or BLUE INK and print clearly and neatly.** An illegible application may be precluded from consideration. If an item does not apply insert N/A (Not Applicable). Attach any documents, certificates, commendations, etc., you feel will help in the evaluation of your application.

POSITION APPLIED FOR: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
STREET APT CITY STATE ZIP

SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

- If presently employed, when will you be available for employment? Check one of the following:  
( ) Now ( ) Beginning \_\_\_\_\_
- How did you learn of this vacancy? \_\_\_\_\_ Newspaper (specify) \_\_\_\_\_  
\_\_\_\_\_ Walk-in/Write-in \_\_\_\_\_ Friend \_\_\_\_\_ Radio Advertisement \_\_\_\_\_ Other \_\_\_\_\_
- Are you interested in: \_\_\_\_\_ Full Time Only \_\_\_\_\_ Part Time Only \_\_\_\_\_ Both
- Would you be willing to work a shift which could include weekends? ( ) Yes ( ) No
- Do you have a valid Florida Driver's License? ( ) Yes ( ) No  
Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Are you an U.S. Citizen or otherwise authorized to work in the United States? ( ) Yes ( ) No
- Minimum acceptable starting salary? \$ \_\_\_\_\_ / Yearly
- Have you ever been employed by the Housing Authority of Pompano Beach?  
( ) Yes ( ) No If yes, give dates of employment \_\_\_\_\_

## EDUCATION

High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

High School Diploma: ( ) Yes ( ) No      Equivalency: ( ) Yes ( ) No

List Colleges and Universities Attended below:

Name and Location	Date Attended	Grade Average	Point	Major/Minor	Type of Degree

List Special Training (Business, Trade, Vocational Schools, etc.)

Name and Location	Courses Taken	Certificate Earned

## EMPLOYMENT HISTORY

Begin with your present or last employment and describe in detail all periods of employment. Include military service and part time employment. Attach additional sheet if necessary or include resume.

**PRESENT OR MOST RECENT JOB:**

From: \_\_\_\_\_ TO \_\_\_\_\_ Total Time \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact? ( ) Yes ( ) No. If no, please explain \_\_\_\_\_

Reason for Leaving Position: \_\_\_\_\_

From: \_\_\_\_\_ TO \_\_\_\_\_ Total Time \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact? ( ) Yes ( ) No

Reason for Leaving Position: \_\_\_\_\_

From: \_\_\_\_\_ TO \_\_\_\_\_ Total Time \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact? ( ) Yes ( ) No

Reason for Leaving Position: \_\_\_\_\_

From: \_\_\_\_\_ TO \_\_\_\_\_ Total Time \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact? ( ) Yes ( ) No

Reason for Leaving Position: \_\_\_\_\_

From: \_\_\_\_\_ TO \_\_\_\_\_ Total Time \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact? ( ) Yes ( ) No

Reason for Leaving Position: \_\_\_\_\_

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CLERICAL ABILITIES: The following information must be provided if you are applying for a position requiring typing or shorthand ability.

Number of words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

Have you had any training or experience working with Lindsey Housing Software or other housing software?  
( ) Yes ( ) No If yes, please specify: \_\_\_\_\_

Have you had any training or experience working with Windows, Excel, Access, Word?  
( ) Yes ( ) No If yes, please specify: \_\_\_\_\_

## QUALIFICATIONS

In your own words explain how you qualify for the position applied for. Be specific and list any skills you possess, machines, and equipment you can operate. Licenses, certificates, and memberships in professional organizations, languages, etc.

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Have you ever been convicted of a felony?

( ) Yes      ( ) No      If yes, state the nature of offense(s), disposition of case, and date:

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A conviction does not automatically mean you cannot be employed. What you were convicted of and how long ago are important.

Have you ever served in the U.S. Military? ( ) Yes      ( ) No

What branch of the military did you serve? \_\_\_\_\_

When, where, and how long did you serve? \_\_\_\_\_

What type of discharge did you received? \_\_\_\_\_

When did you receive it? \_\_\_\_\_

REFERENCES: List 3 References, other than relatives, who have knowledge of your qualifications for employment.

NAME	ADDRESS	TELEPHONE

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**APPLICATION CERTIFICATION – READ CAREFULLY BEFORE SIGNING....**I hereby certify that the information on this application is freely given and is true and complete to the best of my knowledge. I also understand that any misrepresentation or falsification of the information given by me in this application will constitute grounds for rejection of my application or dismissal if hired by the Housing Authority of Pompano Beach. I hereby authorize the Housing Authority to perform a background check as well as investigate my prior education and employment history.

Moreover, I understand that if I am hired, employment with this agency is “at will”, which means that I or the agency may terminate employment for any reason provided that such reason is not prohibited by State or Federal Law.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_