

# Application for Employment

*Housing Authority of the City of Vineland*  
191 W. Chestnut Ave. Vineland, NJ 08360  
Tel: 856-691-4099  
*Jacqueline Jones, Executive Director*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

If related to anyone in our employ,  
State Name and Department \_\_\_\_\_

Referred by: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this Authority before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Education	Name of School & Location	Years Attended	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

Subjects of Special Study or Research Work: \_\_\_\_\_

What foreign language do you speak frequently: \_\_\_\_\_

US Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Presently in Reserves \_\_\_\_\_

Activities other than religious: \_\_\_\_\_

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** (list below last four employers, starting with last one first)

<b>Date</b> (Month & Year)	<b>Name &amp; Address of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Reason for Leaving</b>
From				
To				
From				
To				
From				
To				
From				
To				

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

<b>Name</b>	<b>Address</b>	<b>Business</b>	<b>Yrs. Acquainted</b>

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts I cause for dismissal. Further, I understand and agree that 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 cause or previous notice. I also agree that there can be a drug and criminal screening done on me by the Authority.

Date: \_\_\_\_\_ Signature \_\_\_\_\_