Lake City Housing Authority
Employment Application

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME. M.I.	SEX	DATE OF BIRTH	SOCIAL SECURITY #	AGE
		M F			

MAILING ADDRESS: STREET NUMBER AND NAME OR P.O. BOX #	CITY	STATE	ZIP

TELEPHONE NUMBER	MARITAL STATE
GYOURS GOTHER	GMARRIED GSINGLE GDIVORCED GSEPARATED

DRIVERS LICENSE # LICENSE VALID? G YES G NO	STATE ISSUED

JOB APPLIED FOR:_____

MARK ONE:

HAVE YOU LIVED IN PUBLIC HOUSING OR RECEIVED HOUSING ASSISTANCE (SECTION 8) BEFORE? **GYES GNO**, **IF YES,**

WHERE DID YOU LIVE?_____

HAVE YOU BEEN EVICTED FROM PUBLIC HOUSING OR HAD YOUR ASSISTANCE TERMINATED? **GYES GNO IF YES**

WHERE WERE YOU LIVING WHEN THIS OCCURRED?_____

HAVE YOU BEEN CONVICTED OF A DRUG RELATED OR CRIMINAL OFFENSE? **GYES GNO**

IF YES, WHAT CRIME, WHERE AND WHEN?_____

_____

HAVE YOU BEEN REQUIRED TO REGISTER AS A SEX OFFENDER? **GYES GNO, IF YES, WHERE AND WHEN?**

_____

ARE YOU WORKING? **G YES GNO, IF YES, GFULL OR GPART TIME**

WHERE?_____,
NAME OF EMPLOYER AND IMMEDIATE SUPERVISOR

ADDRESS, PHONE NUMBER:_____

YOUR SIGNATURE AUTHORIZES THE HOUSING AUTHORITY TO CONDUCT BACK GROUND CHECKS ON YOU AND THESE BACKGROUND CHECKS CAN BE , BUT ARE NOT LIMITED TO THE FOLLOWING: CREDIT, CRIMINAL (SLED), DRIVER'S LICENSE, CURRENT AND PAST EMPLOYERS.

_____

SIGNATURE PRINTED NAME DATE