

## **Housing Authority of Burkesville**

401 Sunset Drive Burkesville KY, 42717

Phone: (270) 864-5111 Fax: (270) 864-3372

Email: <a href="mailto:housing@bvilleha.com">housing@bvilleha.com</a>
Executive Director: Mike Turner

## **Employment Application**

	THE PARTY OF	1000	Арр	licant l	Informa	ation	United by	VINE OF THE		
Full Name:					Date:					
	Last		Firs	t			M.I.			
Address:	Street Address							Apartment/Unit	#	
	City						State	ZIP Code		
Phone:	V				Email					
Date Availa	vailable: Social Security No.:_						Desired Salary:			
Position App	plied for:									
Are you a citizen of the United States?  YES NO					YES NO If no, are you authorized to work in the U.S.? ☐ ☐					
Have you e	ver worked for this con	npany?	YES	NO	If yes, v	when?_				
Have you e	ver been convicted of a	a felony?	YES	NO						
If yes, expla	in:									
UAN	TO THE PERSON	9 - ac	1 2	Educ	ation	1.15		17 5 7 13 30	1 1/2	
High Schoo	l: <u></u>			Address						
From:	To:	Di	d you g	raduate?	YES	NO	Diploma::			
College:				Address						
From:	To:	Di	d you g	raduate?	YES	NO	Degree:			
Other:				Address						
From:	To:	Di	d you gi	raduate?	YES	NO	Degree:			

Responsibilities:				-						
From: To:	Reason for Leaving:									
May we contact your previous supervisor for a reference?	YES	NO								
Military Service										
Branch:		From:	To:	-						
Rank at Discharge:	at Discharge: Type of Discharge:									
If other than honorable, explain:										
Disclaimer and Signature										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that interview may result in my release.	false or mis	sleading information	in my application or							
Signature: Date:										

