



**Housing Authority of the City of Fort Myers**  
**Application for Employment**  
**Please Print**

The Housing Authority of the City of Fort Myers (HACFM) is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, national origin, age, disability or marital status.

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Position desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

Referred by: \_\_\_\_\_ Are you over 18 years old: \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in the US? \_\_\_\_\_ \_\_\_ Yes \_\_\_ No

Have you applied here or worked here before? \_\_\_ Yes \_\_\_ No Date(s): \_\_\_\_\_

Have you ever worked under a different name? \_\_\_ Yes \_\_\_ No Name: \_\_\_\_\_

Can you perform the essential functions of the job in which your applying for with or without reasonable accommodation? \_\_\_ Yes \_\_\_ No

Have you ever committed or been convicted of a crime, entered a plea of nolo contend er (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime? \_\_\_\_\_

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

(A criminal record will not necessarily be a bar to employment)

Have you been sued for causing the death of, or injury or damage to any person (e.g., for assault, battery, defamation, etc.)? \_\_\_ Yes \_\_\_ No

If yes, give dates, nature of the claims in the lawsuit(s) and dispositions(s): \_\_\_\_\_

\_\_\_\_\_

## Education Background

School Name	Elementary					High School				College/University				Vocational/Technical
	4	5	6	7	8	9	10	11	12	1	2	3	4	
<b>Years Completed</b>														
<b>Circle</b>														

Previous Military Services?  Yes  No      Branch: \_\_\_\_\_

Honorable Discharge:  Yes  No

References: Please list the name, addresses and phone numbers for three references who are not related to you and who are not previous employers:

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## Employment Experience

Begin with your present or most recent job. Include military service assignments and volunteer activities. Account for all gaps in employment. If you need additional space, please continue on a separate sheet of paper.

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address/phone</b>	<b>Hourly Rate of Pay/Salary</b>		
<b>Job Title</b>	<b>Reason for leaving</b>		
<b>Supervisor</b>			
<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address/phone</b>	<b>Hourly Rate of Pay/Salary</b>		
<b>Job Title</b>	<b>Reason for leaving</b>		
<b>Supervisor</b>			
<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address/phone</b>	<b>Hourly Rate of Pay/Salary</b>		
<b>Job Title</b>	<b>Reason for leaving</b>		
<b>Supervisor</b>			

May we contact your present employer for a reference?  Yes  No

Please list any specialized training, apprenticeship and skills: \_\_\_\_\_

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## **Applicant's Statement**

**I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.**

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, in order to retain necessary flexibility in its policies and procedures, the Lee County Housing Authority (LCHA) reserves the right to modify, change, add to, disregard, suspend or cancel at any time without notice all or any part of the policies, procedures, benefits or other terms or conditions of employment at will as circumstances may require.

I understand that, if employed, my employment may be terminated with our without cause, and with our without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by a representative or agent of the LCHA, at any time, can constitute a contract of employment. The LCHA has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_