



The Housing Authority of the City of Fort Myers

Section 3 Pre-Employment Questionnaire **(This is not an application for employment with HACFM)**

PERSONAL INFORMATION

DATE: _____

NAME NUMBER _____
FIRST MIDDLE Last

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ DATE OF BIRTH _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

DO YOU HAVE A VALID FL DRIVER'S LICENSE? Yes No

HAVE YOU BEEN CONVICTED OF ANY FELONIES? Yes No

EMPLOYMENT INFORMATION

ARE YOU EMPLOYED NOW Yes No

AVAILABILITY (Date You Can Start) _____

SKILLS

LIST CONSTRUCTION SKILLS: _____

OTHER SKILLS: _____

Return Questionnaire To:
Client Services Department
4211 Romeo Lane Suite 103
Fort Myers, FL 33916
Phone (239) 332-3825
Fax: (239) 334-0470