

Candidate Information										
Name (LAST, FIRST, MIDDLE)	Date									
For the purposes of a reference check, have you ever gone by another name? YES NO If yes, please provide former name:										
Current Address	City, State			Zip						
Previous Address (IF LESS THAN FIVE Y	City, State			Zip						
Mobile Phone	Home Phone									
Email Address										
Are you over the age of 18? YES NO Position Applying for:										
Are you legally eligible for employment in the United States? (PROOF OF CITIZENSHIP/IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT) YES NO										
Military Information (This informat	ion is furnished on a v	oluntary	basis)							
Branch of Service Dates served (MM/YY to MM/YY)										
List Special Duties/Training										
Education (Please check highest g	rade(s) completed)									
ligh School: 1 2 3 4 GED: YES N/A College: 1 2 3 4 Graduate School: 1 2 3 4										
Schools Attended										
High School	Location		Degree/Certificate							
College	Location		Degree/Certificate							
Graduate School	Location	Degree/Certificate								
Other Training / Skills	Location	D	Degree/Certificate							
Certification/Professional License										
Type	Number	E	Expiration Date							
Туре	Number	E	Expiration Date							
Employment Desired										
Date available to start:	e available to start: Availability:									
Salary Requirements: /hour		ou willing to travel? YES NO								
Background Information (Applicants are not required to disclose information regarding arrests or criminal charges that have been expunged or have not resulted in conviction)										
Have you ever been convicted of a felony? ☐ YES ☐ NO IF YES, PLEASE COMPLETE THE BELOW SECTION.										

Date	Court		Offense			Dispos					
Employment Information (PLEASE LIST YOUR MOST RECENT POSITION FIRST)											
Current Employer Address (STREET, CITY, STATE, ZIP)											
Job Title Supervisor's N					ame and Title				Phone Number		
Dates Employed From to	Hours per week				Starting	g Pay per		Ending Pay per			
Reason for leaving/considering leaving					May we contact this employer?						
Employer					Address (STREET, CITY, STATE, ZIP)						
Job Title	Job Title Supervisor's N				ame and Title				Phone Number		
Dates Employed From to	· ·					Starting Pay per			Ending Pay per		
Reason for leaving							e contac				
= .											
Employer					Address (STREET, CITY, STATE, ZI						
Job Title Supervisor's N				ame and Title				Phone Number			
Dates Employed From to		Hours	per week			Starting Pay per			Ending Pay per		
Reason for leaving					May we contact this employer? ☐ YES ☐ NO						
References (We will	assume it is oka	ay to cont	act unle	ss you indi	cate o	therwise)					
Name								Organizati			
Relationship			Phone Number			Ema		Address		Years Known	
Name Present Title						Organizati					
Relationship	Relationship Phone Numbe			Email Add			Address		Years Known		
Name	lame Present Title				Orga			Organizati	anization		
Relationship Phone Numbe			•	Email Addr				Years Known			
Employee Acknow	ledgment										
I certify that my answers are true and complete to the best of my knowledge and agree to have any of the statements verified by the Biloxi Housing Authority. I understand that misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal. I have read and understand the above information.											
SIGNATURE				DATE							