

Come on home, Alabama.

## APPLICATION FOR EMPLOYMENT

The Alabama Housing Finance Authority is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or any other status protected by law.

Please complete the following questions fully and accurately. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application can be grounds for denial of employment or continued employment.

Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on the last page of the application.

## 1. GENERAL INFORMATION

| Date:  | e: Position Applying for :                            |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Name:  | e: Social Security #:                                 |   |  |  |  |  |
| Address:   |   |   |  |  |  |  |
| Phone:   | Cell:   | Email:  |  |  |  |  |
| Are you over the age o                             | f 18? □ YES □ NO                                      | If not, do you have a wor   | k permit? ☐ YES ☐ NO   |  |  |  |
| •  |   | ion in the past? ☐ YES ☐ NO   | If YES, please provide position and  |  |  |  |
| Are you related to a cu                            | rrent AHFA employee? [                                | YES NO If YES, who?   |  |  |  |  |
| If hired, can you furnish                          | h proof you are eligible to                           | o work in the U.S.? 🗆 YES 🗖 N                                       | 10   |  |  |  |
| Can you perform the e disability you may have      |   | (assuming that a reasonable a                                       | ccommodation would be made to any  |  |  |  |
| Have you ever been bo                              | onded? ☐ YES ☐ NO                                     | Are you bondable? ☐ YE  | ES 🗆 NO 🗆 I DON'T KNOW   |  |  |  |
| of a crime will not nece<br>remoteness of the offe | essarily be a bar to emplonse in time, and rehabilite | yment. Factors such as age at a<br>ation will be taken into account | d a withheld judgment to a felony? (Conviction the time of offense, type of offense, tin determining the effect on suitability for |  |  |  |
| Are you available to wo                            | ork overtime when neces                               | sary? ☐ YES ☐ NO  |  |  |  |  |
| When are you available                             | e to start work?                                      |   |  |  |  |  |
| 2. REFERRAL SOURC                                  | E   |   |  |  |  |  |
| ☐ Temp Agency                                      | □ Walk-In   |   | Referred by:   |  |  |  |

## 3. EDUCATION/SKILLS

|   | I .             | mber of          | Diploma/                             |                      |
|---|-----------------|------------------|--------------------------------------|----------------------|
| List Name and Address of Schools  | I .             | Years<br>mpleted | Degree/<br>Certification             | Major/Minor          |
| High School or GED:   |                 | npieces          | Ceruncation                          | IVIdJUI / IVIIIIG.   |
| Thigh school of GES.  |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
| College or University:  | <del></del>     |                  |                                      |                      |
| College of Offiversity.   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
| Vocational or Technical:  |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 | !                |                                      |                      |
|   |                 |                  |                                      |                      |
| Do you have experience using computers? ☐ Y                                 | ES 🗆 NO         | List typ         | oes and software:                    |                      |
| List other skills and aptitudes you have which v                            | vould help yo   | u success        | sfully perform this job:             |                      |
|   |                 |                  |                                      |                      |
|   |                 |                  |                                      |                      |
|   |                 |                  |                                      |                      |
| <b>4. EMPLOYMENT HISTORY</b> List names of your current and previous employ | ware in consec  | ···tive ord      |                                      | listed first Account |
| for all periods of time including military service                          | e and any perio | ods of un        | employment. If self-employed, give t | the firm name and    |
| supply business references. This section must b                             |                 |                  |                                      |                      |
| NAME OF EMPLOYER  |                 | Tior tit         | LE AND DUTIES                        | 1                    |
| NAME OF EMPLOTEN  |                 | JOB III.         | LE AND DUTIES                        |                      |
| ADDRESS   |                 | DATES (          | OF EMPLOYMENT (MO/YR): FROM          | то                   |
| ADDRESS   |                 | DAILS            | JE EMPLOTIVIENT (IVIO) INJ. 1 No     |                      |
| CITY, STATE, ZIP CODE   |                 | PAY: STA         | ART\$ FINAL\$                        |                      |
| 1   |                 |                  |                                      |                      |
| SUPERVISOR(S)   | TELEPHONE       | REASO            | N FOR LEAVING                        |                      |
|   |                 |                  |                                      |                      |

| NAME OF EMPLOYER                        |                | JOB TITLE AND DUTIES                      |                   |  |
|---|----------------|---|-------------------|--|
| ADDRESS                                 |                | DATES OF EMPLOYMENT (MO/YR): FROM         | ТО                |  |
| CITY, STATE, ZIP CODE                   |                | PAY: START \$ FINAL \$                    |                   |  |
| SUPERVISOR(S)                           | TELEPHONE      | REASON FOR LEAVING                        |                   |  |
| NAME OF EMPLOYER                        |                | JOB TITLE AND DUTIES                      |                   |  |
| ADDRESS                                 |                | DATES OF EMPLOYMENT (MO/YR): FROM         | ТО                |  |
| CITY, STATE, ZIP CODE                   |                | PAY: START \$ FINAL \$                    |                   |  |
| SUPERVISOR(S)                           | TELEPHONE      | REASON FOR LEAVING                        |                   |  |
| NAME OF EMPLOYER                        |                | JOB TITLE AND DUTIES                      |                   |  |
| ADDRESS                                 |                | DATES OF EMPLOYMENT (MO/YR): FROM         | то                |  |
| CITY, STATE, ZIP CODE                   |                | PAY: START \$ FINAL \$                    |                   |  |
| SUPERVISOR(S)                           | TELEPHONE      | REASON FOR LEAVING                        |                   |  |
| May we contact all of the employers for | references? If | NO, list the employers not to be contacte | ed and the reason |  |
| Employer:                               |                | Reason:                                   |                   |  |
| Employer:                               |                | Reason:                                   |                   |  |
| Please explain any gaps in employmo     |                |   |                   |  |
|   |                |   |                   |  |
|   |                |   |                   |  |
|   |                |   |                   |  |

| <b>5. REFERENCES</b> List the names, addresses and phone numbers of three <b>personal</b> refe   | prences:                                  |  |  |
|--|---|--|--|
| 1  |   |  |  |
| 2  |   |  |  |
| 3  |   |  |  |
| 6. WAIVER AND CONSENT RELATING TO APPLICATION FOR EN   | MPLOYMENT                                 |  |  |
| In exchange for the consideration of my job application by the Alaba called "the Authority"), I agree that:  | ma Housing Finance Authority (hereinafter |  |  |
| I authorize investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Authority permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Authority from any liability as a result of such contact. |   |  |  |
| I also authorize you to check my background by obtaining a crim<br>Background Check System or any similar system.  | inal background check through the Alabama |  |  |
| Signature of Applicant:  | Date:                                     |  |  |