Employment Application

An Equal Employment Opportunity Employer

Initial screening will be based on this application. Please be sure to answer all items completely and accurately.

Print Form

Submit Application

Topeka Housing Authority
2010 SE California Ave.
Topeka, KS 66607
Phone: 785-357-8842
Fax: 785-357-2648
www.tha.gov

Date:

Name:

Address:

City: **State:**

Zip Code:

Please list an additional telephone number where we can leave a message:

Name:

Relationship:

Phone Number:

Home Phone: **E-mail Address:**

Work Number: **Cell Phone:**

Positions Applied for:

What is the minimum hourly salary you would accept?

Other Name(s) Used:

Do you have a family member who is a current employee of THA? ◯ **Yes** ◯ **No**

If yes, please list:

When would you be available to start work, if hired?

What type of work are you willing to accept?

◯ **Full-Time** ◯ **Part-Time** ◯ **Seasonal or Temporary**

Hours Available to Work:

Mon **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Education

Type of School	Name of School and Complete Mailing Address	Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been arrested for and/or convicted of a felony and/or non-traffic related misdemeanor? ◯ **Yes** **No** ◯

If yes, please explain:

Do you have a driver's license? ◯ **Yes** ◯ **No** **Driver's License Number:** **Class :** **State of issue:**

Has your driver's license ever been suspended and/or revoked? ◯ **Yes** ◯ **No**

If yes, please explain:

Have you had any accidents in the past 3 years? ◯ **Yes** ◯ **No** **How many?**

Have you had any moving violations in the past 3 years? ◯ **Yes** ◯ **No** **How many?**

Continue on the next page

Please note, arrests/convictions, having your driver's license revoked and/or suspended may not disqualify you from employment. Individual circumstances will be considered relative to the position sought.

Previous Employment (list up to 3)

1.

Name of Most Recent Employer:

Name of last supervisor:

Dates of employment:

From: **To:**

Starting Salary: **Ending Salary:**

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ◯ **Yes** ◯ **No**

2.

Name of Previous Employer:

Name of last supervisor:

Dates of employment:

From: **To:**

Starting Salary: **Ending Salary:**

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ◯ **Yes** ◯ **No**

Continue on the next page

3.

Name of Previous Employer:

Name of last supervisor:

Dates of employment:

From: **To:**

Starting Salary: **Ending Salary:**

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ◯ **Yes** ◯ **No**

Skills:

Typing:

Computer: ◯ **PC** ◯ **Mac** ◯ **Both**

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

*Signature: Date:

*Digitally signed and authenticated using my name in the above signature box.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION SURVEY

The Topeka Housing Authority is an Affirmative Action/Equal Opportunity Employment Employer

Send via Email | Print Form

The Topeka Housing Authority is committed to providing equal employment opportunities to all applicants and employees without regard to race, color, religion, sex, national origin, disability, or status as a protected veteran.

The following information does not affect you as an applicant. This information is used to find out how effective our recruitment efforts are in reaching all segments of the population in the validation of our selection methods and for the purpose of Equal Employment Opportunity reporting. We ask for your cooperation by completing this survey, but please be advised that your cooperation is optional. Please put the completed survey in the envelope provided and return to THA, Human Resources, or return to Aubrey Coufal via email at acoufal@tha.gov . ***Thank you for your cooperation.***

Instructions: Check the correct answer or fill in the blank, whichever is applicable.

Name: _____ **Position(s) applied for:** _____

A. How did you learn about this job?

- ☐ Friend
- ☐ THA Employe
- ☐ Newspaper
- ☐ Job announcement on bulletin board
- ☐ Internet Web Site
- ☐ Other (specify) _____

B. Please check one:

☐ Male ☐ Female

C. What is your birth date? _____

D. Do you have a disability? ☐ Yes ☐ No

E. What is the highest level of education you have attained?

- ☐ 0-8 Years
- ☐ 9-12 years
- ☐ High School Graduate
- ☐ Post high school vocation or business profession degree
- ☐ Less than two years of college
- ☐ Bachelor's degree
- ☐ MA, JD, LLB or similar professional degree
- ☐ PhD or similar academic degree

Are you a Veteran? ☐ Yes ☐ No

Please check all that apply:

☐ **Veteran of the Vietnam - Era:** (1) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other areas.

☐ **Other Veteran:** Other veteran is specified as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

☐ **Special Disabled Veteran:** (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (1) rated at 30 percent of more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) a veteran who was discharged or released from active duty because of a service-connected disability.

☐ **Newly Separated Veteran:** served on active duty in the United States military, ground, naval or air service, and were discharged or released from active duty less than one year before today's date.

Please check one. If you belong to more than one group, select the one most appropriate (see federal government definitions below):

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ Two or more races

Signature: _____ Date: _____ Send via Email | Print Form

*Digitally signed and authenticated using my name in the above signature box.

Federal Government Definitions:

For the purpose of Equal Employment Opportunity and Affirmative Action, race/ethnic categories are defined as:

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American: A person having origins in any of the black racial groups of Africa.
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
Native Hawaiian or other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (includingCentral America), and who maintain tribal affiliation or community attachment.

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