



Housing Authority of the City of Laredo

"Serving. Collaborating. Empowering."

2000 San Francisco Avenue
Laredo, Texas 78040
(956) 722-4521 Main
(956) 722-6561 Fax
www.larha.org



Application for Employment

An Equal Opportunity Employer

The Laredo Housing Authority does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Further, be aware that fraudulent or misleading responses on this application constitutes grounds for termination.

General Information

Today's Date: _____

Last Name First Name Middle Name

Address City State Zip Code

Have you ever worked under a different name? Yes No

If yes, please provide name: _____

Telephone Number(s): _____ Email: _____

Position(s) Applying for: _____

Are you seeking: Full-Time Part-Time Temporary

When could you start working? _____

Do you have any relatives working with the Laredo Housing Authority? Yes No

If yes, please provide name and department: _____

Are you legally eligible for employment in the United States of America? Yes No

(If hired, you may be required to submit proof of your eligibility to work in the United States of America)

Are you 18 years of age or older? Yes No

(If no, hire is subject to verification that you are of minimum legal age)

Have you ever worked with the Laredo Housing Authority? Yes No

(If yes, please provide dates and position(s) held): _____

Have you ever been convicted of any violation of the law? Yes No

(Include any plea of "guilty" , "no contest" and granting of deferred adjudication. Exclude minor traffic violations)

If yes, please give details. Note: A conviction will not necessarily disqualify an applicant for employment

Do you have a valid Driver's License:..... Yes No

Have you had your driver's license suspended or revoked in the last three (3)years? Yes No

If yes, please give details:

Education History

		Years Completed	Diploma / Degree / Certificate	Major Field of Study
High School or GED:				
College or University:				
College or University:				
Vocational/Technical:				

What skills or additional training do you have that relate to the job for which you are applying?

What machines, equipment or software are you knowledgeable with as it relates to the job for which you are applying?

Employment History

List names of employers (Full and/or Part Time) in consecutive order with most recent employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer is contingent upon acceptable references from current and former employers.**

Name of Employer, Address, City, State, Zip Code	Job Title and Duties	
Supervisor(s) and Telephone Number	Dates of Employment (Month/Year)	
	From:	To:
Reason for Leaving:	Pay	
	Start \$	Final \$

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Employment History Continued

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	From:	To:
Reason for Leaving:	Pay	
	Start \$	Final \$

Military Service

Are you a Veteran? Yes No

(If hired, you may be required to submit proof of your military service.)

Branch of Service: _____

What type of work experience did you receive while in the military?

Professional References

Please provide three (3) professional references. You are required to use your current or most recent supervisor as one of your three (3) references. Your application is not complete and not eligible for consideration until LHA has received all three references. Do not list relatives or friends.

Full Name and Position	Phone/Email	Relationship

APPLICANT STATEMENT CONCERNING NEPOTISM

I hereby declare, to the best of my knowledge, that I am not related within the third degree by consanguinity or the second degree by affinity to any member or spouse of a member of the Housing Authority of Laredo Board of Commissioners or the Executive Director of the Agency.

The present members of the Board of Commissioners are:

- **Cynthia Mares, Board Chair**
- **Silvia Madrid, Vice Chair**
- **Joe E. Aranda, Commissioner**
- **Leo Flores, Commissioner**
- **Myrna P. Flores, Resident Commissioner**
- **Jennifer Barrientos, Executive Director**

I also understand that, if employed and a relationship is discovered within a degree prohibited under statute, I will be required to resign my employment with the Housing Authority of the City of Laredo.

Signature

Date

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission of information may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize—whether listed or not—any person, school, current employer, past employers, or organization to provide relevant information and opinions about me that may be useful in making a hiring decision. I understand that references I have provided may be contacted as part of the hiring process. I release such persons and organizations from any legal liability in making such statements.

I understand that I may be required to successfully pass a drug screening examination if applicable. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to perform the work for which I am applying.

I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between myself and the employer. If hired, I agree that my employment is at-will, meaning that either I or the employer may terminate the employment relationship at any time, with or without notice, and with or without cause. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I have read, understand, and by my signature consent to these statements.

Print Name

Signature

Date