

If you need assistance in completing the employment application, please direct your inquiries to the person named as contact. Furthermore, Texoma Housing Partners (THP) conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the person named as contact in writing when you submit your application. This application must be completely filled out for employment consideration with Texoma Housing Partners. Failure to completely answer all questions on the application may disqualify your application for employment consideration.

PERSONAL DATA

Last Name _____ First Name _____ MI _____

Street Address _____

Mailing Address _____

City _____ State Texas Zip Code _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____

Position(s) Applied For _____

When would you be able to start work? _____ Full-time Part-time Regular Temporary

Have you filed an application here before? Yes No Date: _____

Have you ever been employed here before? Yes No Date: _____

Are you or your spouse related to any officer or employee of this organization? Yes No

Minimum Acceptable Salary _____ Hour Week Month Year

EDUCATION & TRAINING

Documentation of your last completed educational attainment will be required for employment consideration with THP. Applicant must provide copies of diploma, transcript, etc.

Name of Schools Attended & Location	No. of Years	Grade Average	Major/Field	Degree Received

SKILLS The following space is provided for other information concerning special training and skills.

Keyboard/Typing _____ WPM

Copier Fax Microsoft Windows Version _____

10-Key Calculator By Touch Microsoft Outlook Microsoft Excel Microsoft Word

PC Computer Switchboard Other _____

Applicant:

EMPLOYMENT EXPERIENCE

List each position held. Start with your present or most recent assignment and work backward. Include any military history in this section.

May inquiry be made of your present employer? Yes No

Company _____
Address _____ Phone: _____
City _____ State Texas ZIP _____
Job Title _____
Duties Included _____

Start Date _____ End Date _____
Starting Salary _____ Ending Salary _____ per _____
Supervisor's Name _____
Reason for Leaving _____

Company _____
Address _____ Phone: _____
City _____ State Texas ZIP _____
Job Title _____
Duties Included _____

Start Date _____ End Date _____
Starting Salary _____ Ending Salary _____ per _____
Supervisor's Name _____
Reason for Leaving _____

Company _____
Address _____ Phone: _____
City _____ State Texas ZIP _____
Job Title _____
Duties Included _____

Start Date _____ End Date _____
Starting Salary _____ Ending Salary _____ per _____
Supervisor's Name _____
Reason for Leaving _____

Company _____
Address _____ Phone: _____
City _____ State Texas ZIP _____
Job Title _____
Duties Included _____

Start Date _____ End Date _____
Starting Salary _____ Ending Salary _____ per _____
Supervisor's Name _____
Reason for Leaving _____

Company _____
Address _____ Phone: _____
City _____ State Texas ZIP _____
Job Title _____
Duties Included _____

Start Date _____ End Date _____
Starting Salary _____ Ending Salary _____ per _____
Supervisor's Name _____
Reason for Leaving _____

Applicant:

ADDITIONAL INFORMATION

By law, you must be authorized to work in the United States in order to be employed by this employer.

If you are one of the following, please check this box:

- A citizen or a national of the United States
- An alien lawfully admitted for permanent residence
- An alien authorized by the Immigration and Naturalization Service to work **Indefinitely** in the United States

Have you ever been convicted of a felony, other crime or been the subject of deferred adjudication? Yes No

Please explain (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)

If the position for which you are applying requires a motor vehicle operation, do you have a current driver's license? Yes State/License Number _____
 No Type of License _____

I understand that a background check will be performed in order to determine my eligibility for employment

REFERENCES

List three (3) people not related to you who are qualified to describe your capabilities for the position you seek. Be sure to include phone numbers.

Name	Address	Daytime Phone	Relationship

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

For the health of our guests, co-workers and ourselves, Texoma Housing Partners is a tobacco-free workplace. Employees, visitors, and guests are prohibited from using any form of tobacco on THP property at any time. This policy applies to all employees, visitors and persons entering or exiting buildings or offices, which are designated for program operations or administration by THP. All employees of THP are notified that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace. In addition, THP prohibits employees from being under the influence of alcohol, drugs, or inhalants in the workplace or while on duty for THP. Employees who violate this policy will be subject to immediate dismissal.

I understand that, if hired, my employment with THP would be at will and, as such, and within the provisions of state and federal law regarding public employment, I can be dismissed at any time, with or without notice, for any reason or no reason.

I also understand that only written representations and promises of this employer will be enforceable.

Signature of Applicant

Date

Applicant:



**Authorization for the Release of
Information**

This is to inform you that I have made application for employment with Texoma Housing Partners (THP), 810 W. 16th Street, Bonham, Texas 75418. In order for THP to fully evaluate my qualifications and experience, I am requesting that you release any pertinent information that you may have as a part of a form personnel file, or personal knowledge.

Your cooperation with Texoma Housing Partners is appreciated.

Signature of Applicant

Date



AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION INFORMATION

I, _____, hereby authorize Texoma Housing Partners to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant: _____ Date _____

Name (Last) _____

(First) _____

(Middle) _____

Address City State ZIP Code _____

Other names used (if any): _____

Date of Birth _____

Place of Birth _____

Social Security Number _____

Driver's License No. _____

Issuing State License Exp. Date _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	



MVR RELEASE CONSENT FORM

I, _____ (applicant) consent to the release of my Motor Vehicle Records (MVR) to Texoma Housing Partners ("the company"). I understand the company will use these records to evaluate my suitability to fulfill driving duties that are related to my employment. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Signed (applicant) _____

Date: _____

Drivers' License Number: _____ State: _____



The Nation's First Affordable Housing Consortium

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