

Candidate Informat	ion											
Name (LAST, FIRST, MIDDLE)							Date					
For the purposes of a reference check, have you ever gone by another name? TYES NO If yes, please provide former name:												
Current Address						City, State				Zip		
Previous Address (IF LESS THAN FIVE YEARS AT PRESENT ADDRESS)							City, State			Zip		
Mobile Phone						Home Phone						
Email Address												
Are you over the age of 18? YES NO						osition 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 information is furnished on a voluntary basis)												
						ites served (MM/YY to MM/YY)						
List Special Duties/Training												
Education (Please	check highes	t grade(s) con	nnleted)	\								
Education (Please check highest grade(s) completed) High School: □1 □2 □3 □4 GED:□ YES □N/A College: □						1 🖂 🖂 Graduate School: 🗀 🖂 🖂 🖂						
Schools Attended												
High School Location						Degree/Certificate						
College		Location	Location				Degree/Certificate					
Graduate School	Graduate School Location					Degree/Certificate						
Other Training / Skill	Location	Location				Degree/Certificate						
Certification/Profes	sional Licens	S P										
Туре	Number	Number				Expiration Date						
Туре	Number	lumber				Expiration Date						
Employment Desire	ed											
Date available to start: Availability:												
Salary Requirements: /hour Ar						e you willing to travel? YES NO						
Background Inform expunged or have not re			ed to disc	lose i	nformat	ion regardii	ng ar	rests	or criminal charge	es that have been		
Have you ever been convicted of a felony? YES NO IF YES, PLEASE COMPLETE THE BELOW SECTION.												
Date	Court		Offense						Disposition			

Employment Information (PLEAS	SE LIST Y	OUR MOST RECEN	T POS	SITION FIR	ST)					
Current Employer	Add	Address (STREET, CITY, STATE, ZIP)								
Job Title Supervisor's N				and Title			Phone Number			
Dates Employed From to	per week	Starting Pay per			Ending Pay per					
Reason for leaving/considering le		May we contact this employer? ☐ YES ☐ NO								
Employer	Address (STREET, CITY, STATE, ZIP)									
Job Title	Supervisor's Na	and Title			Phone Number					
Dates Employed From to				Starting Pay per			Ending Pay per			
Reason for leaving				May we contact this employer? ☐ YES ☐ NO						
			I	-						
Employer				dress (STREET, CITY, STATE, ZIP)						
ob Title Supervisor's N			ame and Title				Phone Number			
Dates Employed From to				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 unless you indi	cate o	therwise)						
Name	Present Title			Organizatio	on					
Relationship		Phone Number		Email	Address		Years Known			
Name		Present Title			Organizatio	on ———				
Relationship		Phone Number		Email	Address					
Name Presen			resent Title			Organizatio	on			
Relationship	Phone Number		Email	Address		Years Known				
Employee Acknowledgment										
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								