



# PRELIMINARY APPLICATION

NEW YORK CITY HOUSING AUTHORITY  
90 CHURCH STREET, 5<sup>TH</sup> FLOOR • NEW YORK, NY 10007

Please print your responses. Answer all items on both sides of sheet.

## PERSONAL IDENTIFICATION

1. LAST NAME		FIRST NAME		MIDDLE INITIAL	2. LAST FOUR DIGITS SOCIAL SECURITY #	
3. HOME ADDRESS (NUMBER AND STREET)						APT #
BOROUGH or CITY		STATE		ZIP CODE		4. HOME TELEPHONE ( ) _____ - _____
5. TELEPHONE NUMBER WHERE A MESSAGE MAY BE LEFT ( ) _____ - _____ NAME OF CONTACT _____						
6. DO YOU LIVE IN A NEW YORK CITY HOUSING AUTHORITY DEVELOPMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, NAME OF DEVELOPMENT _____						
7. ARE YOU RELATED TO ANYONE NOW WORKING FOR THE HOUSING AUTHORITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, RELATIVE'S NAME _____ RELATIONSHIP _____					8. IF YOU ARE UNDER 18 OR OVER 70 PLEASE STATE AGE _____	

## PERSONAL HISTORY

9. ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		10. ARE YOU A U.S. VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LENGTH OF SERVICE FROM TO Type of Discharge			
11. HAVE YOU FILED FOR ANY EXAMINATION OR ARE YOU ON ANY CIVIL SERVICE LIST? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXAMINATION TITLE PLACE ON LIST		12. HAVE YOU EVER WORKED FOR THE NYC HOUSING AUTHORITY? YES <input type="checkbox"/> NO <input type="checkbox"/> Year (s) IF YES, TITLE OF POSITION DATES OF EMPLOYMENT FROM TO			

## SKILLS

13. LIST LICENSE (S) TYPE YOU HOLD		14. LIST OFFICE MACHINES YOU OPERATE WELL			
15. IF YOU TYPE, SPEED IN WORDS PER MINUTE ▶		16. IF YOU TAKE, SHORTHAND, SPEED IN WORDS PER MINUTE ▶		17. LIST YOUR COMPUTER SKILLS	
18. WHICH COMPUTER PROGRAM (S) CAN YOU OPERATE?					
19. LIST FOREIGN LANGUAGES YOU SPEAK					

## EDUCATION

20. NAME OF SCHOOL	DAY OR NIGHT	FROM	TO	WERE YOU GRADUATED? (YES or NO)	DEGREE RECEIVED	TOTAL CREDITS COMPLETED	MAJOR SUBJECT	NO. OF CREDITS IN MAJOR
		MO. YR.	MO. YR.					
HIGH SCHOOL OR TRADE SCHOOL								
COLLEGE OR OTHER SCHOOL								

21. CIRCLE HIGHEST GRADE COMPLETED.

(Elementary School)								(High School)				(College)				(Graduate)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

**22. EMPLOYMENT:** Give your complete employment history beginning with your present or last job held.  
 Check here if you object to our contacting your present employer.

<b>1</b>	<b>Dates of Employment</b>	From	To	Job Title	Weekly Salary \$	Type of Business
	Firm Name		Firm Address (Number and Street)		(Borough or City, State, Zip Code)	
Duties (Describe fully)						
Reason for leaving						

<b>2</b>	<b>Dates of Employment</b>	From	To	Job Title	Weekly Salary \$	Type of Business
	Firm Name		Firm Address (Number and Street)		(Borough or City, State, Zip Code)	
Duties (Describe fully)						
Reason for leaving						

<b>3</b>	<b>Dates of Employment</b>	From	To	Job Title	Weekly Salary \$	Type of Business
	Firm Name		Firm Address (Number and Street)		(Borough or City, State, Zip Code)	
Duties (Describe fully)						
Reason for leaving						

**23.** Are you currently receiving a pension from the New York City Employees Retirement System (NYCERS) or from another government entity?  
 Yes  No  
 a. If yes, indicate pension system and agency from which you retired.  
 Pension System: \_\_\_\_\_ Agency: \_\_\_\_\_  
 b. If you are an employee of New York State or the City of New York, will resignation from your current position make you eligible for retirements benefits?  
 Yes  No

**24.** How were you referred to us?  Friend Civil  Service List  Other (Indicate) \_\_\_\_\_  
 News Paper  Authority Employee (Name) \_\_\_\_\_

I hereby certify that all of the information given above is complete and accurate to the best of my knowledge and belief. I understand that if upon investigation any statement above is found to be untrue, it may lead to termination of my employment.

<b>Date</b>	<b>Signature of Applicant</b>

**DO NOT WRITE BELOW THIS LINE**

APPLICATION REVIEWED BY	DATE	INTERVIEWED BY	DATE	INTERVIEWED BY	DATE	<input type="checkbox"/> NQ	<input type="checkbox"/> HQ	<input type="checkbox"/> Q
-------------------------	------	----------------	------	----------------	------	-----------------------------	-----------------------------	----------------------------

**REMARKS:**

-----

-----

-----

AP		
AT		
EX		
EE		
CH		