

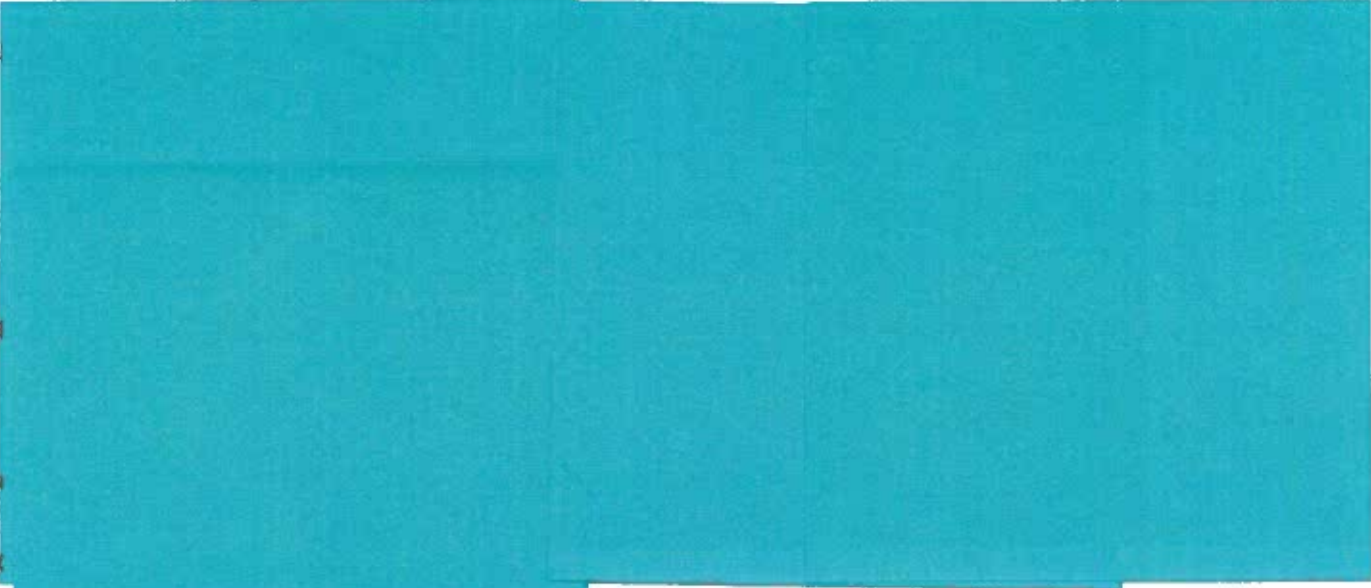



5160 Alcovy Road
Covington, GA. 30014
ph: 770.786.7739
fax: 770.784.6004


Employment Application


Applicant Information

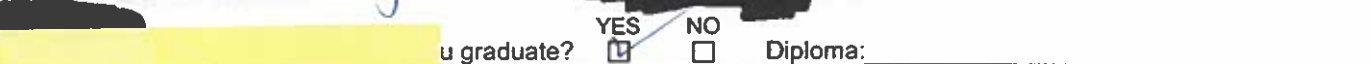
Full Name: Dillihay Kara F Date: 
Last First M.I.


Address: 

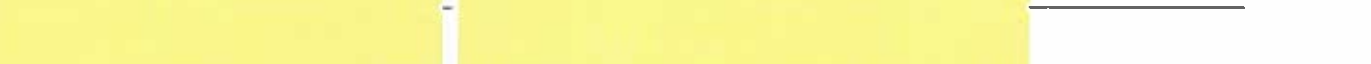
Phone: 

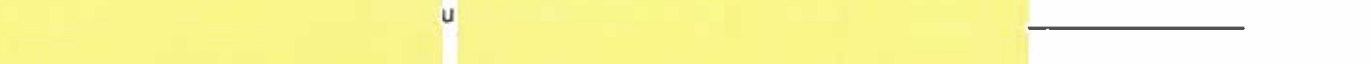
Date Available: 

Position: 

Are you currently employed? 


Have you ever been employed by this organization? 


Have you ever been employed by another organization? 

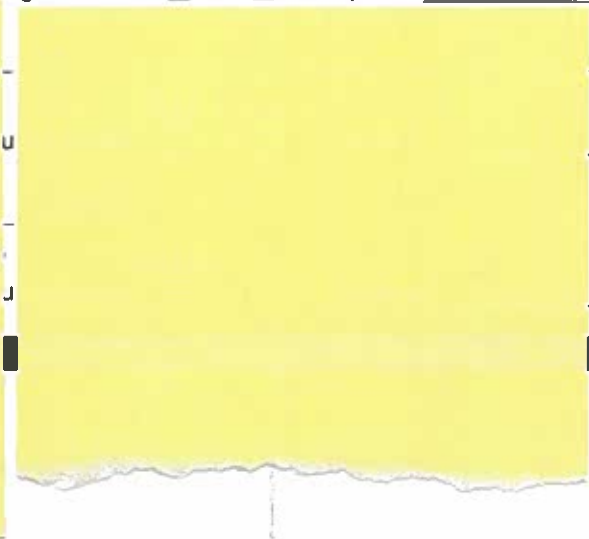
If yes, explain: 

Education

High School:  High Address: 

Are you a graduate? YES NO Diploma: 







Housing Authority of the City of Covington

5160 ALCOVY ROAD, POST OFFICE BOX 1367
 COVINGTON, GEORGIA 30015
 PHONE (770) 786-7739
 FAX (770) 784-6004

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last) <i>Kelly</i>	(First) <i>Josephine</i>	(Middle Initial) <i>M</i>	Home Telephone () [REDACTED]
-----------------------------	-----------------------------	------------------------------	----------------------------------



Name and Location

[REDACTED]
University of
 [REDACTED]

Other
 (specify)

Yes
 No

M Soc Sci

Occupational License

Where Issued

Expiration Date

VETERAN INFO

Branch of Service

Date of Entry

Date of Discharge

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)



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fax: 770.784.6004

Employment Application

Applicant Information

Full Name: Mathis Adrian J Date: [REDACTED]
Last First M.I.

Address: [REDACTED]
Unit #: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Phone: [REDACTED]
Date of Birth: [REDACTED]
Position: [REDACTED]
Are you currently employed? [REDACTED] YES NO
Have you ever been convicted of a felony? [REDACTED] YES NO

If yes, explain: _____

High School: [REDACTED] High School

Did you graduate? YES NO

Address: _____

Did you graduate? YES NO

Address: _____

Did you graduate? YES NO Degree: _____

References



5160 Alcovy Road
Covington, GA. 30014
ph:770.786.7739
fax: 770.784.6004

Employment Application

Applicant Information

Full Name: Monda / Loretto D Date: [Redacted]

Address: [Redacted]

Phone: [Redacted]

Date of Birth: [Redacted]

Education: High Address: [Redacted]

Did you graduate? YES NO Diploma: yes

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

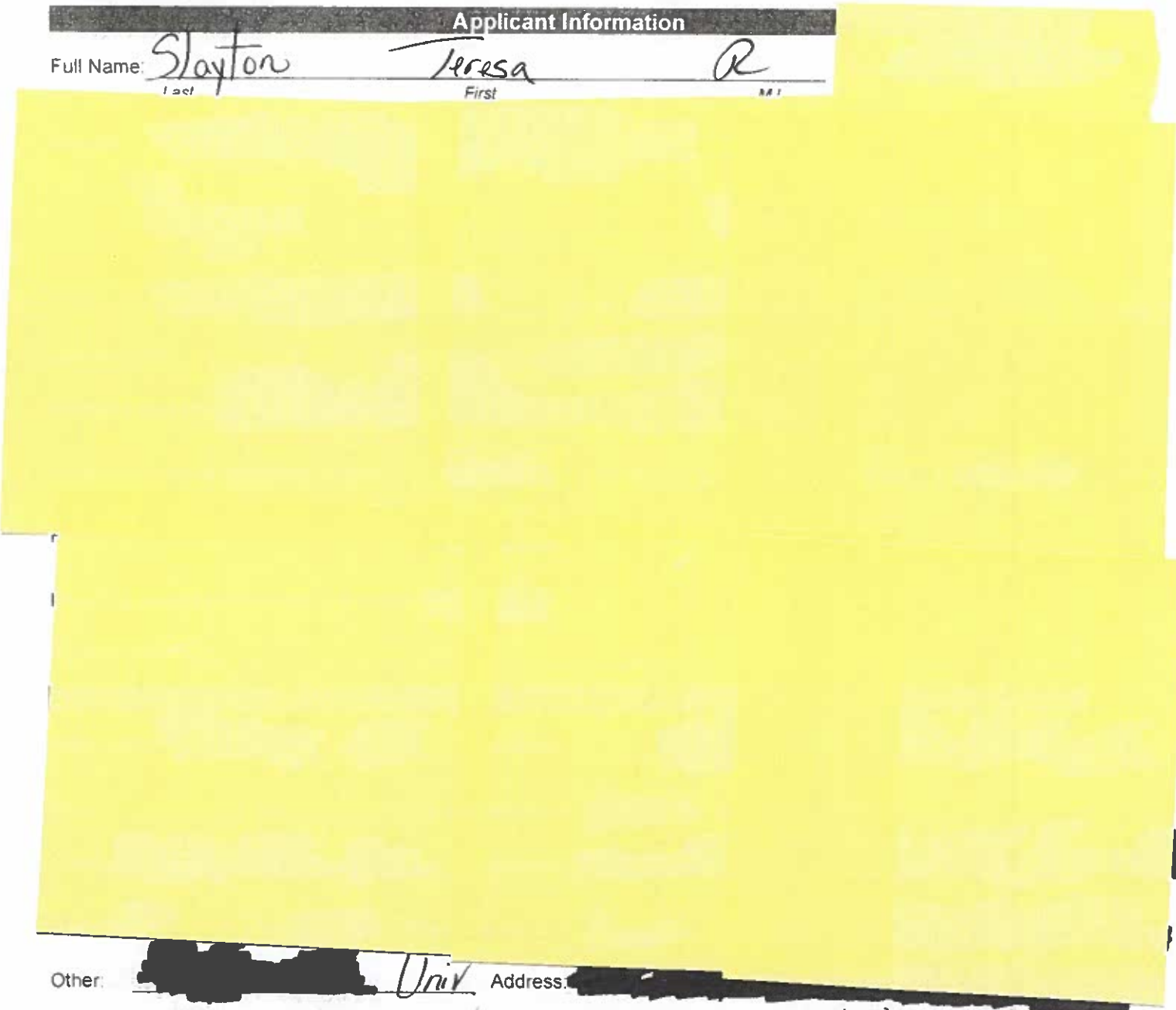


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fax: 770.784.6004

Employment Application

Applicant Information

Full Name: Slayton Teresa R
Last First MI



Other: [Redacted] Univ Address: [Redacted]
From: [Redacted] To: [Redacted] Did you graduate? YES NO Degree: Masters [Redacted]

References

Please list three professional references



Housing Authority of the City of Covington

5160 ALCOVY ROAD, POST OFFICE BOX 1367

COVINGTON, GEORGIA 30015

PHONE (770) 786-7739

FAX (770) 784-6004

C. GREGORY WILLIAMS
Executive Director

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last) Tucker	(First) Keesha	(Middle Initial) R
(City)	(State)	(Zip)

University

<input checked="" type="checkbox"/> Yes	BBA
<input type="checkbox"/> No	
Issued	
of Entry	
e)	

SHAMICA TUCKER

EDUCATION

Bachelor of Science, [REDACTED] University



esco institute

Program EPA
Approved
December 28, 1993

Certificate No. [REDACTED]

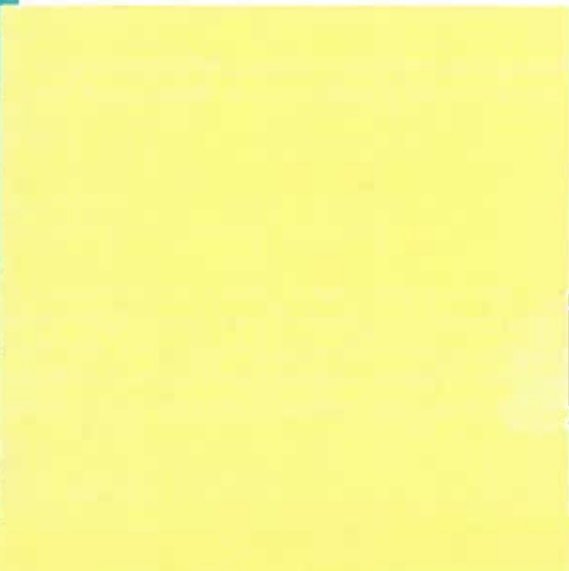
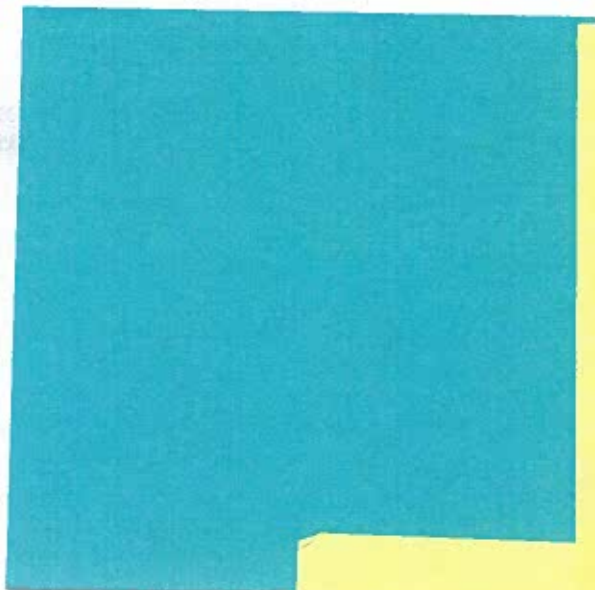
ONICE L. TYE JR

has successfully passed a

UNIVERSAL

exam on how to responsibly handle
refrigerants as required by EPA's
National Recycling and Emission
Reduction Program

www.escogroup.org (800)726-9696



Education:

University

Graduated [redacted], Bachelor of Science

