

Application for Employment

- Marion Co Housing Authority is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, sex, age, national origin or ancestry, citizenship, disability, marital status, or veteran status.
- Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching resume.)
- This application form will be considered current for 90 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application form.

Personal Data

Last Name	First Name	Middle Name or Initial	Social Security Number	Date of Application
Present Address (Number and Street)		City	State	Zip Code
Permanent Address (if different from above)		City	State	Zip Code
				Area Code/Telephone No.
				Cell/Mobile Telephone No.

Position Desired

Position	Regular Temporary	Full Time Part Time	Date Available	Salary Desired
Do you have a valid Drivers License?		Have you ever been convicted of a crime?		
Yes	No	DL#	Exp	Yes
				No
		When?		Where?
By initialing at right, I understand my driving record will be screened _____				

Employment History

Present or Last Employer				
Name of Employer			Title or Position	
Address		City	State	Area Code/Telephone No.
Zip Code				
Employment Dates (Month and Year)		Name and Title of Immediate Supervisor		
From:	To:			
Reason for Leaving				
Description of Duties				

Previous Employer				
Name of Employer			Title or Position	
Address		City	State	Area Code/Telephone No.
Zip Code				
Employment Dates (Month and Year)		Name and Title of Immediate Supervisor		
From:	To:			
Reason for Leaving				
Description of Duties				

Previous Employer				
Name of Employer			Title or Position	
Address		City	State	Zip Code
Area Code/Telephone No.				
Employment Dates (Month and Year)		Name and Title of Immediate Supervisor		
From:	To:			
Reason for Leaving				
Description of Duties				

Previous Employer				
Name of Employer			Title or Position	
Address		City	State	Zip Code
Area Code/Telephone No.				
Employment Dates (Month and Year)		Name and Title of Immediate Supervisor		
From:	To:			
Reason for Leaving				
Description of Duties				

Education

School Name and Location	High School or General Equivalency Diploma (GED)	Undergraduate College/University				Graduate/Professional				Business/Technical
		1	2	3	4	1	2	3	4	
Circle Last Year Completed										
Diploma / Degree / Credits										
Describe Course of Study										
Describe any specialized training, apprenticeship, skills, and extra-curricular activities										
Describe any honors you have received										
State any additional information you feel may be helpful to us in considering your application										

Other Special Knowledge, Skills or Qualifications

Typing Yes No WPM _____ 10-Key Calculator Yes No Personal Computer Yes No

Are you familiar with business software:

Word Yes No

E-mail Yes No

Spreadsheets Yes No

Presentations Yes No

Database Yes No

Desktop Publishing Yes No

Rate Your Computer Skills Good Fair Learning Other _____

Training

Sponsoring Organization and Location	Name of Course, Seminar, etc.	CEU's	Number of Hours	Dates

Volunteer Activities

(You need not list organizations whose name or nature indicates your race, sex, national origin, age, or religion.)

Organization	Position/Offices Held	Describe Responsibilities and Services	Number of Years

Statement

Explain briefly why you are interested in working for our organization:



References

Please indicate whether schooling or employment was under another name: _____

Applicants without recent employment experience list persons, other than relatives, who know of your qualifications and/or background experience.

Name	Profession	Area Code/Telephone Number	Business or Home Address
		B () H ()	
		B () H ()	
		B () H ()	

I hereby authorize you to check all my educational references and the personal employment references as indicated below; I further authorize these references to release to you all information that they have about me (check all that apply):

Present employer _____ Present employer after accepting position _____

Previous employers _____ Additional references listed _____

Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation?

Yes _____ No _____ Please describe:

Are you legally eligible to be employed in the United States? Yes _____ No _____ (Proof of identity and eligibility will be required upon employment.)

Are you available to work: Full time Days Nights Weekends ? If you cannot work full time, please explain.

Any limitations on overtime? Yes No If you cannot work overtime, please explain.

I understand that this employment application and any other documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by MCHA at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references.

Signature

Date
