

APPLICATION FOR EMPLOYMENT

ASHTABULA METROPOLITAN HOUSING AUTHORITY
3526 Lake Avenue

Ashtabula OH 44005-2350

Phone: (440) 992-3156

Fax: (440) 992-7947

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(For office Use Only)			

INSTRUCTIONS: Please fill out the application completely even if you attach a resume. Please be aware that applications can only be accepted for current openings. Qualified applicants will receive equal considerations. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY () EVENING ()	EMAIL ADDRESS	REFERRED BY	

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO

AVAILABILITY FOR WORK

TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK WEEK-END OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NO. _____

PERSONAL

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG / ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR PERFORMANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION, EXCEPT A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT) IF YES, PROVIDE DETAILS:	

EDUCATION AND TRAINING

	SCHOOL NAME AND LOCATION	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
SKILLS				

EMPLOYMENT RECORD: Give a complete account of your employment. Begin on the first line with your present or most recent position and work back. Please include all periods of unemployment. Do not indicate "see resume."

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED				SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED				SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED				SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED				SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

CERTIFICATE OF APPLICANT (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Ashtabula Metropolitan Housing Authority or its representative concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless Ashtabula Metropolitan Housing Authority, its employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. If employed, I agree to comply with all rules of the company as a condition of continued employment.

DATE _____ SIGNATURE OF APPLICANT _____

For Personnel Department only

Remarks _____

Interview report by _____