

Application For Employment

St. Clair County Housing Authority

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

An Equal Opportunity Employer M / F / V / H

(Please Print)

Date of Application _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone _____ Social Security Number _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

If Employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment.)

On What date would you be available for work? _____

Are you available to work? Full Time Part-Time Shift Work Temporary

Are you on a lay-off subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

(Conviction will not necessarily disqualify applicant from employment.) (Applicant is not obligated to disclose sealed or expunged records of conviction or arrest.)

If Yes, please explain: _____

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Have you been convicted of any moving traffic violations in the last 3 years?

Yes No If yes, please explain _____

Has your Drivers License been suspended or revoked in the last three (3) years?

Yes No If yes, please explain _____

Are you addicted to or have you received treatment for drug or alcohol abuse?

Yes No If yes, please explain _____

Do you use drugs prohibited by law? Yes No

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

What were your duties in the Service (include special training and duty station)?

Discharge status _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information, The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

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Employment Experience

Enter last three employers, excluding military service. Give present or most recent position first.

Employer _____ Address _____

Phone # _____ Immediate Supervisor: _____

Employer's Business _____ Employed from _____ to _____
Name Title

Wage:\$ _____ \$ _____ /per _____ Job Title _____
Beginning Wage Ending Wage

Describe your Duties: _____

Reason for Leaving: _____

Employer _____ Address _____

Phone # _____ Immediate Supervisor: _____

Employer's Business _____ Employed from _____ to _____
Name Title

Wage:\$ _____ \$ _____ /per _____ Job Title _____
Beginning Wage Ending Wage

Describe your Duties: _____

Reason for Leaving: _____

Employer _____ Address _____

Phone # _____ Immediate Supervisor: _____

Employer's Business _____ Employed from _____ to _____
Name Title

Wage:\$ _____ \$ _____ /per _____ Job Title _____
Beginning Wage Ending Wage

Describe your Duties: _____

Reason for Leaving: _____

Other Work History Showing Qualifications for Position Sought: _____

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Education

Circle Years of Education Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

High School _____

College or Vocational School _____
(Name) (Degree) (Grade Average) (Major Subjects)

College or Vocational School _____
(Name) (Degree) (Grade Average) (Major Subjects)

Other Job Related Training, Skills, or Hobbies not shown in Work History _____

Honors Received: _____

List professional trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Do you have the ability to perform this job with or without accommodations? With Without

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be contract for employment.

I understand that drug testing is required prior to employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that in the event of employment, the first six (6) months of service to St. Clair County Housing Authority is under evaluation status.

Signature of Applicant

Date

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Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, genetic or family medical history information as defined by GINA, or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

St. Clair County Housing Authority believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, religion, age, sex, national origin, handicap, or veteran status. The following information is requested only for the purposes of our compliance with government recordkeeping requirements and to determine recruiting and employment patterns. Your completion is voluntary and not a requirement for employment. The information will be kept confidential, will not be used in evaluating your application for employment, and will not subject you to adverse treatment.

Printed Applicant Name _____

Date of Application _____ Job Applied For _____

Sex: 1. ___ Female 2. ___ Male Age: _____

Current Residence County _____ State _____

RACE:

- 1. ___ White
- 2. ___ Black
- 3. ___ Hispanic
- 4. ___ Asian or Pacific Islander
- 5. ___ American Indian or Alaska Native

HOW WERE YOU REFERED TO US?

- 1. ___ Media Advertisement
- 2. ___ State Employment Office
- 3. ___ Private Employment Agency
- 4. ___ School Referral
- 5. ___ County Employee referral
- 6. ___ Self-referral, Walk-in
- 7. ___ Self-referral, Write-in
- 8. ___ Other: _____

HANDICAPPED: 1. ___ No 2. ___ Yes (Impairment which substantially limits a major life activity or have a history of such impairment).

VIETNAM ERA VETERAN: 1. ___ No 2. ___ Yes (Active duty for 180 days, any part of which occurred between 8-5-64 and 5-7-75).

DISABLED VETERAN: 1. ___ No 2. ___ Yes (entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in line of duty)

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Authorization and Release Form

In connection with my application for employment, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that you may be requesting information from public and private sources about my driving record, criminal record, education, military records and credit references. I voluntarily and knowingly authorize St. Clair County Housing Authority to verify any aspect of the information contained in my employment application or through public and private sources.

I voluntarily and knowingly authorize my former employers to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not limited to, performance evaluation reports, job descriptions, disciplinary reports and reprimands.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, persons, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or cost, including attorney's fee, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you or your agents.

Signature

Date