

APPLICATION FOR EMPLOYMENT

St. Clair County Housing Authority

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition, genetic or family medical history information as defined by GINA, handicap or disability, or any other prohibited forms of discrimination.

An Equal Opportunity Employer M / F / D / V

(Please Print)

Date of Application _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone _____

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

List any friends or relatives currently working for SCCHA and your relationship to them:

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.)

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verify your identity. Further, you will be required to provide documentation to that effect should you be employed.

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

Do you now hold or have you ever held a Public Office? Yes No

If Yes, please explain: _____

Do you have a valid Driver's License? Yes No

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Military Service Record

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

Dates of duty: From _____ To _____
Month Day Year Month Day Year

List any education, experience or special training you received in the military that relates to this position:

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, Licenses and/or Certificates that may assist you in performing the position for which you are applying: _____

Honors Received: _____

List professional trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, gender, national origin or disability):

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

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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 This Position: _____

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 intended to be a 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.

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Signature of Applicant

Date

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