

APPLICATION FOR EMPLOYMENT

PORTAGE METROPOLITAN HOUSING AUTHORITY

1. AUTHORITY

Federal and State Privacy Acts

2. PURPOSE

To provide biographical data in order that we might know the qualification of the individual job applicant, as well as his/her professional background. Use of Social Security Number for identification of individual records is voluntarily supplied.

3. DISCLOSURE OF INFORMATION

Disclosure of all information is voluntary; however, omission, misrepresentation or falsification of information may result in rejection of the applicant or termination of employment if discovered subsequent to employment.

4. EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected class. It is the policy of the PMHA not to refuse to hire or otherwise discriminate against a qualified individual because of that person's need for a reasonable accommodation.

5. PRE-EMPLOYMENT TESTING

As a condition of employment, an applicant must successfully pass a drug screen. Failure to pass the screen will result in termination of the hiring process.

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 hereby release the PMHA, its employees and its agents from any and all liability and responsibility, damages and claims of any kind whatsoever arising from this investigation of my background.

I agree that any claim or lawsuit relating to my service with the Portage Metropolitan Housing Authority must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should complete a new employment application.

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 I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER

Application for Employment Portage Metropolitan Housing Authority

Please Print All Information	Date: _____
Applicants Name:	_____ Last First M.I. Maiden
Telephone Number: Put preferred first	() _____ - _____) _____ - _____
Present Address:	No: _____ Street: _____ City: _____ State: _____ Zip: _____
E-Mail Address:	_____
Social Security Number (Voluntary)	_____
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of Citizenship or Immigration Status Will Be Required Upon Employment)
Valid Driver's License Number:	_____ State: _____
Are you currently a participant in any PMHA Housing Programs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold any elected or appointed positions in government?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have worked here before, give dates and position:	Date(s) _____ Position _____
In case of an emergency, notify:	Name: _____ Address: _____ Phone: _____
Position Applying For?	_____
Desired Pay Rate?	_____
Would you have difficulty performing any job-related functions for the position which you have applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If offered employment, how much notice would you need to offer current employer?	_____

EQUAL OPPORTUNITY EMPLOYER

Record of Education and Training

School	Name and Address of School	Course of Study	Check Last Year of Study	Did you Graduate?	List Diploma or Degree
HIGH SCHOOL			9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COLLEGE			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Graduate School	Yes <input type="checkbox"/> No <input type="checkbox"/>	
BUSINESS TRADE SCHOOL			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CORRESP./TECH SCHOOL			<input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
State any additional information you feel may be helpful in considering your application.					

Military Service Record

Were you in the U.S. Armed Forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what branch?	
Dates of duty:	From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____
Rank at discharge:	
Have you ever had any job-related training in the United States military?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:	

Personal References (Not Former Employers or Relatives)

Name	Address	Phone Number

EQUAL OPPORTUNITY EMPLOYER

List Below All Present and Past Employment, Beginning With Your Most Recent

-1-

Name and Address of Company Type of Business	Dates of Employment From To Mo/Yr - Mo/Yr	Describe In Detail the Work You Did	Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	From					
	Month:					
	Year:					
	To					
	Month:					
Phone:	Year:					

-2-

Name and Address of Company Type of Business	Dates of Employment From To Mo/Yr - Mo/Yr	Describe In Detail the Work You Did	Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	From					
	Month:					
	Year:					
	To					
	Month:					
Phone:	Year:					

-3-

Name and Address of Company Type of Business	Dates of Employment From To Mo/Yr - Mo/Yr	Describe In Detail the Work You Did	Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	From					
	Month:					
	Year:					
	To					
	Month:					
Phone:	Year:					

-4-

Name and Address of Company Type of Business	Dates of Employment From To Mo/Yr - Mo/Yr	Describe In Detail the Work You Did	Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	From					
	Month:					
	Year:					
	To					
	Month:					
Phone:	Year:					

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above? _____ If not, indicate by number which one(s) you do not wish us to contact. _____.

EQUAL OPPORTUNITY EMPLOYER

QUALIFICATIONS

Administrative Applicant

Types of Office Machines or Equipment can you operate? _____

Typewriter _____

Calculator _____

Other _____

Check if experienced in any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Ledger Posting |
| <input type="checkbox"/> Microsoft Office Software | <input type="checkbox"/> Receipt Writing |
| <input type="checkbox"/> Copy Machine | <input type="checkbox"/> Trial Balance |
| <input type="checkbox"/> E-Mail/Internet | <input type="checkbox"/> Personal Interview |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Appointment Scheduling | <input type="checkbox"/> Customer Service/Meeting the Public |
| <input type="checkbox"/> Desktop Computer | <input type="checkbox"/> Statistical Reporting |
| <input type="checkbox"/> Languages other than English | |

I verify that all of the information contained in this application is correct and voluntarily provided.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER

QUALIFICATIONS

Maintenance Applicant

What types of Maintenance Equipment can you operate? _____

Lawn Mowers (power or otherwise) _____

Power Woodworking Tools _____

Truck _____

Other: such as: _____

By training and experience, what kind of work can you do best? _____

Check if experienced in any of the following:

Bricklaying

Painting

Carpentry

Plastering

Caulking & Glazing

Plumbing

Cement Finishing

Snow Plowing with Vehicle

Electrical Work

Tree Trimming

Landscape Work

Welding

Languages other than English

Use of Personal Computers/Tablet/Mobile Devices

I verify that all of the information contained in this application is correct and voluntarily provided.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER