

# APPLICATION FOR EMPLOYMENT



# MERRILL AREA HOUSING AUTHORITY

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.



*(PLEASE PRINT)*

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>
		<b>Zip Code</b>
<b>Home Phone Number</b>	<b>Cell Phone Number</b>	<b>Social Security Number</b>

Best time to contact you at home is: ..... :\_\_AM/PM

Are you able to meet the attendance requirements?.....  Yes  No

Do you have any objection to working overtime if necessary?.....  Yes  No

Can you travel if required by this position? .....  Yes  No

Driver's license number (if driving is an essential job duty): \_\_\_\_\_

Have you ever been employed by our organization? .....  Yes  No

If Yes, give date \_\_\_/\_\_\_/\_\_\_

Can you submit proof of legal employment authorization and identity? .....  Yes  No

If you are under 18, can you furnish a work permit if it is required? .....  Yes  No

Have you ever been convicted of a crime in the last 7 years? .....  Yes  No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Date available for work \_\_\_/\_\_\_/\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full-Time  
 Part-Time      (please indicate Mornings Afternoon Evenings)  
 Temporary      (please indicate dates available \_\_\_/\_\_\_/\_\_\_ -- \_\_\_/\_\_\_/\_\_\_)  
 On-Call Weekends

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

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

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

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related certifications, licenses, skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Computer

Word/Excel

Outlook

Office Equipment

Truck w/plow

Snow tractor w/blower

Lawn tractors

FloorWaxer

**Other (list)**

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*State any additional information you feel may be helpful to us in considering your application.*

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## PROFESSIONAL REFERENCES

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FORWHICH YOUR ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  Yes  No

# APPLICANT'S STATEMENT

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references listed. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that answers given herein are true and complete. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship "at will", with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide valid driver's license, satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that if chosen for the position, I will be required to have a criminal background, DMV and sexual offender registration check and pass a drug test within 10 days of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_