

# Greater Metropolitan Housing Authority

## Of Rock Island County

### Employment Application

We are an Equal Opportunity Employer

You must complete entire application and sign where indicated.

Date:

#### Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Mobile Telephone

( ) -

Email Address:

Home Telephone

( ) -

Are there other names under which you have worked or attended school?  Yes  No

If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.?  Yes  No

(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old?  Yes  No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?  Yes  No If Yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.

(Convictions are not an automatic bar to employment.)

Do you have any pending criminal charges against you?  Yes  No

If Yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before?

Yes  No If yes, when:

Have you ever worked at this company before?

Yes  No If yes, when:

**Position Applying For**

**Part-Time or Full-Time  
Desired**

**Salary Preference**

**Shift Preference**

When can you start?

How were you referred to the company?  Agency

Website

Friend/Relative

Social Media

School

Other

1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

<b>Education</b>				
<b>School</b>	<b>Name &amp; Location (city, state)</b>	<b>Number of Years Attended</b>	<b>Major subjects</b>	<b>Diploma or Degree Received</b>
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

<b>Training Courses</b>			
List any relevant training programs completed.			
<b>Course/Seminar</b>	<b>Organization Sponsoring</b>	<b>Content</b>	<b>Date(s) Attended</b>

<b>Required License(s)</b>		
If required to drive a motor vehicle for the job applying for, state your:		
1) driver's license number	2) state issued	
Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License Number	State Issued	Expiration Date

**Employment History (start with most recent; use separate sheet if necessary)**

Name of Employer:		Telephone ( ) -	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary (start):		Salary (end):	Reason for Leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer:		Telephone ( ) -	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary (start):		Salary (end):	Reason for Leaving:

Name of Employer:		Telephone ( ) -	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary (start):		Salary (end):	Reason for Leaving:

Name of Employer:		Telephone ( ) -	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary (start):		Salary (end):	Reason for Leaving:

## Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name:		Telephone ( ) -
		Email Address:
Address:		
Relationship:		How long known?
Name:		Telephone ( ) -
		Email Address:
Address:		
Relationship:		How long known?
Name:		Telephone ( ) -
		Email Address:
Address:		
Relationship:		How long known?

### Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your interest in the Greater Metropolitan Housing Authority.**