

ALLEN METROPOLITAN HOUSING AUTHORITY
PERSONNEL POLICY AND PROCEDURES MANUAL

APPLICATION FOR EMPLOYMENT

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*Please type or print responses to all of the questions contained
on the entire application form.*

Date of Application _____
Position Sought _____
Last Name _____ First Name _____ MI _____
Address _____
City/State/Zip _____
Phone Number _____
Social Security Number _____

Are you an adult, legally emancipated or otherwise legally eligible to work in the State of Ohio?

☐ Yes ☐ No

Are you legally permitted to work in the United States?

☐ Yes ☐ No

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Current Employer: _____ (Enter "none" if unemployed)	
May we contact your current employer prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____	
Phone Number _____	Dates Employed _____ to _____
Job Title _____	Supervisor's Name _____
Beginning Salary _____ per _____	Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____	
Why do you want to leave? _____ _____	

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Previous Employer: _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
_____ _____
Why did you leave? _____ _____

Previous Employer: _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

Previous Employer: _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

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*If you need to list any additional previous employers,
please use a blank sheet of paper to do so.*

EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

High School Attended _____
Address _____

Did you graduate? ☐ Yes ☐ No High school equivalent? ☐ Yes ☐ No
Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

College or trade school Attended _____
Address _____

Dates of Attendance _____ to _____
Did you graduate? ☐ Yes ☐ No Degree _____
Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

Graduate school attended _____
Address _____

Dates of Attendance _____ to _____
Did you graduate? ☐ Yes ☐ No Degree _____
Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

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Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position? ☐ Yes ☐ No

If yes, please explain _____

Do you have friends or relatives who presently work for this agency? ☐ Yes ☐ No

If yes, list name(s) _____

*Please list three (3) references who are not related to you
that you have known at least one (1) year.*

Name _____
Phone _____ Address _____

Name _____
Phone _____ Address _____

Name _____
Phone _____ Address _____

*Please answer the following questions if they are applicable
to the position for which you are applying.*

Do you possess a valid State of Ohio driver's license? ☐ Yes ☐ No

If no, can you obtain one prior to employment? ☐ Yes ☐ No

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Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary.

Initials: _____

2. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

Initials: _____

3. I understand and accept that it may be necessary for me to sign waivers in order to permit the Employer to obtain information from my current and former employers, schools, and personal references.

Initials: _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application shall be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I shall be terminated from employment, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

5. In the event the Employer offers, and I (the applicant) accept a position with the agency, I agree that the employment relationship between me and the Employer will be an at-will relationship and that employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either party.

Initials: _____

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****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED SHALL LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH ALLEN METROPOLITAN HOUSING AUTHORITY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

Applicant's Signature

Date

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**AUTHORIZATION FOR RELEASE OF INFORMATION
AGREEMENT**

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TO WHOM IT MAY CONCERN: I am an applicant for a position with the Allen Metropolitan Housing Authority (AMHA). The AMHA needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above potential employer.

I consent to your release of any and all public and private information that you may have concerning me; my work record; my background; my military service records; educational records; my financial status; my criminal history record, including any arrest records or any information contained in investigatory files; efficiency ratings; complaints or grievances filed by or against me; the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest; attendance records; and any investigation and/or disciplinary actions including any files which are deemed to be confidential.

I hereby release you from liability or damages that may result from furnishing the information requested to a representative of the Allen Metropolitan Housing Authority.

I agree to hold the Allen Metropolitan Housing Authority harmless from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over to the proper authorities.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented, from and against all claims, damages, losses, and expenses, arising out of or by reason of complying with this request.

Name

Social Security Number

Address

Telephone Number

City

State

Zip

Witness

Applicant's Signature

Witness

Date

Sworn to me and subscribed in my presence this _____ day of _____, 20_____.

Notary