



Application for Employment

The Housing Authority of Grant County (HAGC) is an Equal Opportunity Employer.
 Equal access to programs, services and employment is available to all persons.
 Persons requiring reasonable accommodation to the application and/or interview process should notify the HAGC Human Resources Department.

Applicant Information Please Print

This information will only be used for employment purposes & reasonable efforts will be made to safeguard your privacy

First Name:	Last Name:	Date:
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SSN:	Driver's License #:	State issued:
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Address:	City:	State:	Zip Code:
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Telephone: ()	Email:
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Position(s) Applied for:

Referral Source (Please check the appropriate category & list the source)

<input type="checkbox"/> Walk-in _____	<input type="checkbox"/> School _____
<input type="checkbox"/> Employee _____	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Staffing Agency _____
<input type="checkbox"/> Website _____	<input type="checkbox"/> Other _____

If necessary, the best time to call you is: A.M. P.M.

If you are under the age of 18 and it is required, can you furnish a work permit? YES NO if no, please explain:

Are you legally eligible for employment in this country? YES NO

Have you submitted an application here before? YES NO if yes, give date(s) & position(s):

Have you ever been employed here before? YES NO if yes, give date(s):

Is this application a request for reemployment following an extended military leave of absence from this company? YES NO

Have you ever served in the U.S. Armed Forces? YES NO if yes, Branch: _____ Rank: _____ Discharge Date: _____

Date available for work: _____ Your desired salary range or hourly pay rate: \$ _____ per month hour

Type of employment desired: Full-Time Part-Time Educational Co-Op Seasonal Temporary

Will you relocate if the job requires it? YES NO Will you travel if the job requires it? YES NO

If it has been explained to you, are you able to meet the attendance requirements of the position? YES NO N/A

Will you work overtime if required? YES NO if no, please explain:

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

YES NO Need more information about the job's "essential functions" to respond

A valid Driver's License will be required if driving is required for the job. Do you have a valid Driver's License? YES NO

Have you ever been bonded? YES NO

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? YES NO if yes, please explain:

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and whether the conviction is job-related to the position applied for, will be taken into account. NOTE: You are not obligated to disclose convictions that have been vacated.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime within the past ten years YES NO

If yes, please provide date(s) and details:

Employment History		Starting with your most recent employer, provide the following information		(use additional pages if necessary)
Employer:		Telephone: ()		
Address: <i>Street, City, State, Zip Code</i>				
Immediate Supervisor:		May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Your Job Title:		Dates Employed: to		
Reason for Leaving:		Starting Salary \$	Ending Salary \$	
Job Responsibilities:				
What did you like most about your position?				
What did you like least about your position?				
Employer:		Telephone: ()		
Address: <i>Street, City, State, Zip Code</i>				
Immediate Supervisor:		May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Your Job Title:		Dates Employed: to		
Reason for Leaving:		Starting Salary \$	Ending Salary \$	
Job Responsibilities:				
What did you like most about your position?				
What did you like least about your position?				
Employer:		Telephone: ()		
Address: <i>Street, City, State, Zip Code</i>				
Immediate Supervisor:		May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Your Job Title:		Dates Employed: to		
Reason for Leaving:		Starting Salary \$	Ending Salary \$	
Job Responsibilities:				
What did you like most about your position?				
What did you like least about your position?				
Employer:		Telephone: ()		
Address: <i>Street, City, State, Zip Code</i>				
Immediate Supervisor:		May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Your Job Title:		Dates Employed: to		
Reason for Leaving:		Starting Salary \$	Ending Salary \$	
Job Responsibilities:				
What did you like most about your position?				
What did you like least about your position?				

Employment History	continued	(use additional pages if necessary)
Please explain any gaps in your employment, other than those due to personal illness, injury, or disability:		
If not addressed on previous page, have you ever been fired or asked to resign from a job? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, please explain below		

Skills and Qualifications	(use additional pages if necessary)
Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying:	
Computer Skills (check the appropriate boxes. Include software titles and years of experience)	
<input type="checkbox"/> Word Processing _____	Years _____
<input type="checkbox"/> Spreadsheet _____	Years _____
<input type="checkbox"/> Presentation _____	Years _____
<input type="checkbox"/> Email _____	Years _____
<input type="checkbox"/> Internet _____	Years _____
<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Other _____	Years _____
Maintenance Skills (check the appropriate boxes and include years of experience)	
<input type="checkbox"/> Painting _____	Years _____
<input type="checkbox"/> Power Tools _____	Years _____
<input type="checkbox"/> HVAC _____	Years _____
<input type="checkbox"/> Drywall _____	Years _____
<input type="checkbox"/> Carpentry _____	Years _____
<input type="checkbox"/> Electrical _____	Years _____
<input type="checkbox"/> Plumbing _____	Years _____
<input type="checkbox"/> Cleaning _____	Years _____
<input type="checkbox"/> Appliance Repair _____	Years _____
<input type="checkbox"/> Landscaping _____	Years _____
<input type="checkbox"/> Irrigation Systems _____	Years _____
<input type="checkbox"/> Lifting _____ lbs	Years _____
<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Other _____	Years _____

Educational Background	Starting with your most recent school attended, provide the following information			
School (include city & state)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certificate		
		<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certificate		
		<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certificate		

References					
List the information requested of three business/work references that are <i>not</i> related to you and are <i>not</i> previous supervisors. If not applicable, list three school or personal references <i>not</i> related to you					
Name	Title	Relationship to you	Telephone	Email	# of Years Known

Related Information									
Are you a member of any job-related (professional, trade, etc.) organization? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, please list below <small>Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.</small>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Organization</th> <th style="width: 50%; text-align: center;">Offices Held</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Organization	Offices Held							
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List any special accomplishments, publications, awards, etc. <small>Exclude anything that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status</small>									
In your current or prior job, have you ever written instructions or directions to be followed by employees or customers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If yes, please explain									
Please list/explain any other job-related information you want us to know about you:									

Applicant Statement
<p>I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.</p> <p>I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.</p> <p>I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.</p> <p>I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.</p> <p>If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.</p> <p>I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.</p> <p>This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.</p> <p>I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.</p>
<p>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT</p>
<p>By signing below, I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.</p> <p style="padding-left: 40px;">Check here if this application was signed electronically</p>
<p>Signature of Applicant: _____ Date: _____</p>

Date & Time Received by HAGC:
