

APPLICATION FOR EMPLOYMENT

PORTSMOUTH METROPOLITAN HOUSING AUTHORITY

Portsmouth Metropolitan Housing Authority is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, military or veteran status, disability, genetic information or any other legally protected status.

PERSONAL INFORMATION

Position(s) Applying for:	Date of Application:		
Last Name:	First Name:	MI:	
Street Address:	City:	State:	Zip:
Telephone Number(s):			

	YES	NO
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? <i>*Proof of citizenship or immigration status will be required upon employment.</i>		
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you ever worked here before? If yes give date:		
Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can we contact your current employer?		
Are there any hours or days you cannot or will not work?		
Are you willing to work overtime if required?		
Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your drivers license valid?		
Can you travel if the job required it?		
Do you hold any public elective or appointive office?		
Do you have any relatives (by blood or marriage) who work for this Housing Authority? If yes, give names:		
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
Date of U.S. Military service: From: _____ To: _____ Branch of Service: _____		
Type of Discharge (optional): _____ Describe duties and any special training: _____		

EDUCATION

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Location of High School (City and State): _____
GED Certificate Number _____ GED Issued by _____
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school and location: _____

POST-HIGH SCHOOL EDUCATION

Including Technical School, Business School, Professional School, College and University

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

TRAINING AND OTHER QUALIFICATIONS

Please list below specific course work areas, technical/professional licenses or certifications relevant to the position for which you are applying; list any office machines, factory equipment, vehicles or other machinery you can operate; list computer software in which you have skill, including word processing, spreadsheets and database programs; list special clerical skills and any additional relevant skills you may have: _____

EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment. You may submit a resume in addition to completing this section.

Employer _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____	From _____ To _____ Salary _____ Supervisor's Name & Title _____ _____
Employer _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____	From _____ To _____ Salary _____ Supervisor's Name & Title _____ _____
Employer _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____	From _____ To _____ Salary _____ Supervisor's Name & Title _____ _____
Employer _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____	From _____ To _____ Salary _____ Supervisor's Name & Title _____ _____

REFERENCES

List below the names and *complete* addresses of three persons not related to you, whom you have known for at least one year:

Name	Address	Years Acquainted
1.		
2.		
3.		

APPLICANT'S CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I agree that any claim or lawsuit relating to my service with the Portsmouth 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 limitations to the contrary.

I understand that employment at PMHA is "at will" which means that either I or PMHA can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's Signature _____ Date _____

PMHA will keep this application on file for a period of one year from the date of the application: then it will be destroyed unless you are employed.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with or without reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials:

2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials:

3. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. Therefore, I understand and accept that depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for criminal activity.

Initials:

4. I hereby authorize the employers, schools and personal references named in the application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials:

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 MAY 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.

Applicant's Signature: _____ Date: _____