

# Pembroke Housing Authority Application for Employment

## AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a job-related medical condition or handicap, status with regard to public assistance or any other legally protected status.

Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Are you a relative, friend or previous co-worker of a current PHA employee?     Yes     No

If yes, please state the employee and your relationship. \_\_\_\_\_  
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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) Where You Can Be Reached During the: Day: (    )    Evening: (    )

Are you under 18 years of age?     Yes     No

Can you provide required proof of your eligibility to work?     Yes     No

Have you ever been employed by the PHA?     Yes     No

Are you currently employed?     Yes     No

May we contact your present employer?     Yes     No

If offered the position, will you be able to supply proof of eligibility to work lawfully in the United States as required by U.S. law?     Yes     No

On what date would you be available to start? \_\_\_\_\_

Are you seeking     Full Time     Part Time     Temporary work? (check all that apply)

Are you willing and able to travel between sites if your position requires it?     Yes     No

Have you been convicted of a felony?     Yes     No

If yes, please explain the charges as related to you. (Conviction will not necessarily disqualify you from employment).

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree Awarded
High School				
College/ University				
Graduate School				
Professional School				
Technical School				

Do you speak, read or write any languages other than English?       Yes    No  
 If yes, please indicate the language and level of proficiency: \_\_\_\_\_

Please describe any specialized training, apprenticeship, skills, and/or extracurricular activities that you believe will help us in evaluating your application.

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Please list any specialized job-related skills you have such as computer skills, machinery/equipment knowledge.

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Please summarize any other special qualifications you have that make you especially suited for the position you are applying for.

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# EXPERIENCE

Please list all employment experience for the past 10 years, starting with present or most recent job. Please use back of sheet if more space is needed. Include any job related volunteer experience (you may exclude volunteer experience which indicates race, color, religion, gender, national origin, disabilities, or other legally protected class). Use additional sheets if necessary.

Employer	Dates of Employment		Essential Job Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Ending	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates of Employment		Essential Job Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Ending	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates of Employment		Essential Job Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Ending	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates of Employment		Essential Job Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Ending	
Job Title	Supervisor		
Reason for Leaving			

List any professional, trade, business or civic affiliations. You may exclude any affiliations which indicate race, color, religion, gender, national origin, disabilities, or other legally protected class.

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Please provide us with three professional references, not related to you, whom we may contact.

Name	Street Address	City, State, Zip	Phone Number	Relationship

After reading the physical requirements for the position, are you capable of performing the essential job functions with or without reasonable accommodation?       Yes    No

Final candidates for maintenance and caretaker positions are required to complete a pre-employment physical examination prior to their offer of employment becoming final. There is no charge to the final candidate for the cost of the examination. Examination results are strictly confidential.

Final candidates will be required to complete a pre-employment drug screening as a condition to employment. This screening will be kept confidential.

PHA requires the completion of a criminal background check prior to an offer of employment becoming final.

If you are the final candidate, you may be required to authorize us to conduct a criminal background check through the NCIC and/or the Federal Bureau of Investigation. By law you have the right to receive a copy of the report at no cost to you, the right to challenge the accuracy and completeness of the information contained in the report, and the right to be informed if employment is denied because of the result of the background check.

Would you like a copy of the report, if applicable?       Yes    No

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Pembroke Housing Authority to investigate all statements contained in this application for employment as may be necessary to make an employment decision.

I hereby understand and acknowledge that employment with PHA is on an "at will" basis, which means that I can terminate my employment at any time with or without notice and that PHA can terminate employment at any time with or without cause. I also understand that no one in the company other than the Executive Director has the authority to enter into an employment contract with me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I acknowledge that I am required to abide by all rules and regulations of PHA.

Signature of Applicant

Date