

Employment Application

134 East Heights Dr. Martin, TN 38237 P **731.587.3186** F **731.587.0019**

MartinHousing.org 😰 🗄 🔞

Please Print All Information Requested Except Signature

PLEASE COMPLETE PAGES 1-5 and mail completed application to: 134 East Heights Drive, Martin, TN 38237 or fax application to: 731-587-0019

Office Use Only
Date received: _____
Reviewed by: _____

Resumes and Cover Letters are encouraged and may be attached to application. Be sure to answer all questions.

Date:	Name: [Last]	[First]	[Middle]	[Maid	anl
Address:[Street Name a			[ivindule]	[State]	[Zip]
How long?	Email:		Phone:		
	18? I Yes I No If "YE horized to work in the United		, ,	•	
Position applied for:	(1)	Days/hours a	available to worl	k :	
	(2)	No Prefere	ence	□ Thurs:	
(Be specific)		🖵 Mon:		🗅 Fri:	
How many hours car	you work weekly?	🛛 Tue:		🗆 Sat:	
When are you availab	ble to start work?			Sun:	
Employment desired	: 🛛 Full-Time Only 🖵 Part-	Time Only 🛛 Full- or Pa	art-Time		

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major/Degree
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? **U** Yes **D** No (A Conviction record will not necessarily disqualify you from employment.)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:



Driving Record			
Do you have a driver'	's license? 🗆 Yes 🛛 No		
What is your means	of transportation to work?		
Driver's license num	oer:	Stat	te of issue:
Operator Com	mercial (CDL) 🛛 Chauffeur	Expiration date:	
Have you had any ac	cidents during the past three	years?	How many?
Have you had any me	oving violations during the pas	st three years?	How Many?
Office Positions	Only		
Typing:	□ Yes □ No WPM:	Other:	

<u>, , , , , , , , , , , , , , , , , , , </u>			
10-Кеу:	🗆 Yes	□ No WPM:	
Word Processing:	🗆 Yes	□ No WPM:	Skills:
Personal Computer:	🗆 Yes	🗆 No 🗆 PC 🗖 Mac	

References - Please list two references other than rela	tives:
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

Please elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include current certifications, hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability:



Military

Have you ever been in the armed forces?	🗆 Yes 🔲 No	
Are you now a member of the national guard?	🗆 Yes 🔲 No	
Specialty:	_ Date Entered:	_ Discharge Date:

Work Experience

Please list your work experience for the **past seven years** beginning with your most recent job held. If you were selfemployed, give firm name. **Attach additional sheets if necessary.**

Employer	Name of Last Supervisor	Employment Dates	Pay/Salary
Name:		From:	Start:
Address:		То:	Final:
City, State, Zip:	Your Last Job Title:	•	
Phone:			
Reason for Leaving (be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Employer	Name of Last Supervisor	Employment Dates	Pay/Salary
Name:		From:	Start:
Address:		То:	Final:
City, State, Zip:	Your Last Job Title:	•	
Phone:			
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills	s used or learned, advancemer	nts or promotions while you worked	l at this company:



Employer	Name of Last Supervisor	Employment Dates	Pay/Salary
Name:		From:	Start:
Address:		То:	Final:
City, State, Zip:	Your Last Job Title:		•
Phone:			
Reason for Leaving (be specific):	-		
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Employer	Name of Last Supervisor	Employment Dates	Pay/Salary
Employer	Name of Last Supervisor	Employment Dates	Pay/Salary
Name:	Name of Last Supervisor	From:	Start:
Name: Address:	Name of Last Supervisor		
Name: Address: City, State, Zip:	Name of Last Supervisor Your Last Job Title:	From:	Start:
Name: Address:		From:	Start:
Name: Address: City, State, Zip:		From:	Start:
Name: Address: City, State, Zip: Phone: Reason for Leaving (be specific):	Your Last Job Title:	From: To:	Start: Final:
Name: Address: Dity, State, Zip: Phone: Reason for Leaving (be specific):		From: To:	Start: Final:
Name: Address: City, State, Zip: Phone: Reason for Leaving (be specific):	Your Last Job Title:	From: To:	Start: Final:
Name: Address: Dity, State, Zip: Phone: Reason for Leaving (be specific):	Your Last Job Title:	From: To:	Start: Final:
Name: Address: Dity, State, Zip: Phone: Reason for Leaving (be specific):	Your Last Job Title:	From: To:	Start: Final:
Name: Address: Dity, State, Zip: Phone: Reason for Leaving (be specific):	Your Last Job Title:	From: To:	Start: Final:

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied: □ Yes □ No

Did you complete this application yourself? **Ves No** If not, who did?_____

If you answered **"No"**, please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe: ____



Employment Application

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Please Read Carefully

Application Form Waiver

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Martin Housing Authority (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Martin Housing Authority, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Martin Housing Authority may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application.____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.____ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.____

I understand that if offered a position with the Company, I may be subject to a general health examination and drug-screen at the expense of the Company. _____

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living.____ Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.____

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.____

Signature of Applicant: _____

Date: ___

Martin Housing Authority is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with MHA depends solely on your qualifications. Martin Housing Authority is a drug-free workplace.

Thank you for completing this application form and for your interest in our business.

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