





# Employment Application

Please Print All Information Requested Except Signature

## Driving Record

Do you have a driver's license?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur Expiration date: \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

## Office Positions Only

Typing:  Yes  No WPM: \_\_\_\_\_ Other: \_\_\_\_\_

10-Key:  Yes  No WPM: \_\_\_\_\_

Word Processing:  Yes  No WPM: \_\_\_\_\_ Skills: \_\_\_\_\_

Personal Computer:  Yes  No  PC  Mac \_\_\_\_\_

## References - Please list two references other than relatives:

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## 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 self-employed, give firm name. **Attach additional sheets if necessary.**

| Employer   | Name of Last Supervisor | Employment Dates | Pay/Salary       |
|--|-------------------------|------------------|------------------|
| Name:<br>Address:<br>City, State, Zip:<br>Phone:   |                         | From:<br>To:     | Start:<br>Final: |
| Your Last Job Title:   |                         |                  |                  |
| 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:<br>Address:<br>City, State, Zip:<br>Phone:   |                         | From:<br>To:     | Start:<br>Final: |
| Your Last Job Title:   |                         |                  |                  |
| 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: |                         |                  |                  |



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## Work Experience (continued)

| Employer   | Name of Last Supervisor | Employment Dates | Pay/Salary       |
|--|-------------------------|------------------|------------------|
| Name:<br>Address:<br>City, State, Zip:<br>Phone:   |                         | From:<br>To:     | Start:<br>Final: |
| Your Last Job Title:   |                         |                  |                  |
| 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:<br>Address:<br>City, State, Zip:<br>Phone:   |                         | From:<br>To:     | Start:<br>Final: |
| Your Last Job Title:   |                         |                  |                  |
| 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: |                         |                  |                  |

May we contact your present employer?     Yes     No

Did you complete this application yourself?     Yes     No    If not, who did? \_\_\_\_\_

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

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: \_\_\_\_\_

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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.**