



Greene Metropolitan Housing Authority
538 N. Detroit Street
Xenia, Ohio 45385
376-2908 429-7736
376-2487: Fax

EMPLOYMENT APPLICATION

GMHA is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, national origin, handicap, religion, age, color or political affiliation.

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Internet Other _____

Dayton Daily News Springfield News-Sun Other newspaper

(PLEASE PRINT)

Name _____
LAST FIRST MIDDLE-

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone No. () _____ Social Security No. _____
Area Code

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Do you want to work: Full-time Part-time Shift work

Specify days and hours available if Part-time _____

What are your employment intentions? Less than 1 year _____ 1-2years _____ Indefinitely _____

Do you have the legal right to live and work in the U.S.? Yes No

Are you over 18? Yes No

Are you willing to take a physical exam at our expense if the nature of the job requires one? Yes No

Have you ever been convicted of a felony? (NOTE: A conviction will not necessarily ban you from employment. Each conviction will be judged on its own merits with respect of time, circumstances, seriousness and based on the position for which you are applying). Yes No

If yes, explain _____

Do you possess a valid Driver's License? Yes No
 If yes, what State issued the license? _____ What is the License No. _____

Can you travel if a job requires it? Yes No Restrictions? _____

Do you have any physical or mental defects or impediments which might, in any way, hinder your ability to perform the job for which you have applied? _____

Are you a veteran? Yes No

Give name, address and phone number of three professional references not related to you:

1. _____
2. _____
3. _____

EDUCATION	High School	College/Trade School	Graduate/Professional
School Name			
Years Completed: (Circle)	8 9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course Of Study:			
Describe Specialized Training, Apprenticeship, Skills, Certifications and any Extra Curricular Activities relevant to the position you are applying for.			

Emergency information: Name _____ Telephone _____

Address _____

Employment Experience

List each job held. Start with your Present or Last job, include military service assignments and significant volunteer activities.

1. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			
2. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			
3. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			
4. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper. Attach resume' if desired.

Please check employers we may not contact. 1. ____ 2. ____ 3. ____ 4. ____

Are there any other pertinent facts you would voluntarily like to tell us which, in your opinion, may help us to evaluate your qualifications for the job you are seeking? If so, please list these in the space provided below. Please remember that we are an Equal Employment Opportunity Employer and are not interested in receiving comments which may be construed to be discriminatory in nature.

PRE-EMPLOYMENT RELEASE
PLEASE READ CAREFULLY

APPLICATION WILL NOT BE ACCEPTED IF THIS IS NOT SIGNED

I solemnly swear and affirm that the answers I have made to each and all questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she has acquired relevant to my employment, and hereby consent that he or she may disclose such knowledge or information to the Greene Metropolitan Housing Authority (GMHA). I understand that this application may raise questions regarding my past work record, and that GMHA may wish to make inquiry regarding this, so that my qualifications for employment may be reviewed. **By signing this waiver, I expressly authorize GMHA to make an inquiry of any party, agency or employer concerning my work record, job qualifications and performance. I authorize any former employers to furnish GMHA with this information upon their request.** I recognize the right of GMHA to treat, at its discretion, certain sources of information as confidential.

*If your records may be under any other name, please include that name below.

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

I understand that this employment application is not a contract of employment, and any individual who is hired may voluntarily leave employment upon proper notice, and can be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

By signing this waiver, I expressly authorize GMHA to obtain records of my criminal and civil convictions, driver's license and commercial driver's license records as necessary so that my qualifications for employment may be reviewed. In the event that I am hired, I also authorize GMHA to continue to obtain this information during my employment with the GMHA.

PRINTED NAME _____

SIGNATURE OF APPLICANT _____ * Other Name _____

Date _____ Social Security # _____

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INTERVIEW __ YES __ NO DATE _____ Time _____

Result of Interview _____

Position _____ Starting Rate _____ Start Date _____

Interviewed by: _____

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PRE-EMPLOYMENT INFORMATION FORM

(Completion of this form is completely voluntary)
(Answer all questions – please print)

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap.

To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer the following questions.

This Pre-Employment Information Form will be kept in a *Confidential File* separate from the attached Application for Employment.

Date _____

Position(s) Applied for _____

Referred By: _____

Name: _____
 LAST FIRST MIDDLE

Birthdate _____ Age _____ Social Security No. _____

Race/Ethnic Group White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Sex: Male Female

Marital Status: Single Married Divorced Widowed

Are you a Veteran? Yes No

Are you a Vietnam Era Veteran? Yes No

Are you a Disabled Veteran? Yes No

Are you Handicapped? Yes No