



New London Housing Authority Employment Application

APPLICATION INFORMATION:

Name _____

Home Phone _____ - _____ - _____ Cell _____ - _____ - _____ Other _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

DOB ____ / ____ / ____ Social Security Number _____ - _____ - _____

How were you referred to this Company: _____

EMPLOYMENT POSITIONS

Position(s) Applying For _____

ARE YOU APPLYING FOR:

- Temporary work - such as summer or holiday work? () Y () N
- Regular part-time work? () Y () N
- Regular full-time work? () Y () N

What days are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ____ / ____ / ____

Can you work weekends? () Y () N

Can you work evenings? () Y () N

Are you available to work overtime? () Y () N

Salary desired \$ _____

PERSONAL INFORMATION

Have you ever applied to/worked for this company before? () Y () N



If yes, please explain (include date) _____

Do you have any friends, relatives, or acquaintances working for this Company?

() Y () N If yes, state name and relationship: _____

If hired, would you have transportation to/from work? () Y () N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age)

() Y () N

Do you have a valid driver's license? () Y () N State _____

Expiration date ____/____/____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? () Y () N

If hired, are you willing to submit to and pass a controlled substance test? () Y () N

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? () Y () N

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATION, TRAINING AND EXPERIENCE:

High School:

School Name: _____

School Address: _____

City _____ State _____ Zip Code _____

Number of years completed: _____

Did you graduate?: () Y () N

Degree/Diploma earned: _____

College/University

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Number of years completed: _____

Did you graduate?: () Y () N

Degree/Diploma earned: _____

VOCATIONAL SCHOOL

School Name: _____



School Address: _____

City _____ State _____ Zip Code _____

Number of years completed: _____

Did you graduate?: () Y () N

Degree/Diploma earned: _____

MILITARY

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

ADDITIONAL INFORMATION

Do you speak, write or understand any foreign languages: () Y () N

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? () Y () N

If yes, please explain:

EMPLOYMENT HISTORY

Are you currently employed? () Y () N

If you are currently employed, may we contact your current employer: () Y () N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____ - _____ - _____

Business Type: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Length of Employment (Include Dates): _____ / _____ / _____ TO _____ / _____ / _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? () Y () N



Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____ - _____ - _____
Business Type: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Length of Employment (Include Dates): ____/____/____ TO ____/____/____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? () Y () N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____ - _____ - _____
Business Type: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Length of Employment (Include Dates): ____/____/____ TO ____/____/____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? () Y () N

REFERENCES

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

First Name: _____ Last Name: _____
Telephone Number: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Number of Years Acquainted: _____

First Name: _____ Last Name: _____
Telephone Number: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Number of Years Acquainted: _____

First Name: _____ Last Name: _____
Telephone Number: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Number of Years Acquainted: _____



**DISCLOSURE AND ACKNOWLEDGMENT REGARDING
AUTHORIZATION TO CONTACT PRIOR AND CURRENT EMPLOYERS**

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, the New London Housing Authority may obtain information about you from a prior or current Employer.

By signing this notice you are acknowledging receipt and review of this disclosure.

By signing this notice you are also authorizing the New London Housing Authority or its affiliates or agents to obtain information/opinions about you, from prior or current employers, at any time prior to or during your employment with the New London Housing Authority or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

Date: _____

Signature: _____

Printed Name: _____

(A photocopy of this authorization is to be accepted as an original.)

**DISCLOSURE OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT AND
AUTHORIZATION TO OBTAIN CREDIT OR CONSUMER INFORMATION**

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, the New London Housing Authority may seek credit and/or consumer information about you from a credit reporting agency (CRA) or other sources. This may include the New London Housing Authority or its affiliates or agents requesting information about your character, general reputation, personal characteristics or mode of living, obtained through personal interviews with neighbors, friends, associates or acquaintances of the consumer. A report containing such information is defined by the Federal Trade Commission as an "investigative consumer report."

By signing this notice you are authorizing the New London Housing Authority or its affiliates or agents to obtain credit or consumer information about you, including an investigative consumer report, at any time prior to or during your employment with the New London Housing Authority or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

Date: _____

Signature: _____

Printed Name: _____

