



608 Pine Street / P.O. Box 928 • Sault Ste. Marie, Michigan 49783  
PHONE 906/635-5841 • FAX 906/635-9500 • TDD No. 1-800-545-1833 Ext. 429 • [www.saulthousing.com](http://www.saulthousing.com)

## **APPLICATION FOR EMPLOYMENT**

Thank you for your interest in employment with the Sault Ste. Marie Housing Commission. We value your qualifications and want to assure you that we are considering them carefully. A clear understanding of your background and work history will help us in identifying a position that, in our judgment, best matches your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate based on race, color, sex, religion, national origin, age, marital or veteran status, disability, medical condition, height, weight, or any other protected status.

### **PERSONAL HISTORY:**

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Social Security Number: \_\_\_\_\_ Are you 18 years or older? Yes ☐ No ☐

Are you a U.S. Citizen? Yes ☐ No ☐

Are you authorized to work in the United States? Yes ☐ No ☐

Have you been previously employed here? Yes ☐ No ☐ If yes, date(s) \_\_\_\_\_ Supervisor Name(s) \_\_\_\_\_

Have you ever filled out an application with us before? Yes ☐ No ☐

If yes, when? \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

What method of transportation will you use to come to work? \_\_\_\_\_

### **EMPLOYMENT DESIRED:**

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

Kind of work sought: Full Time ☐ Part-Time ☐ Other ☐

Do you have any special training, skills, qualifications or other experience that relate to the position(s) applied for? \_\_\_\_\_

Date available for work: \_\_\_\_\_

*Employers must make accommodations to disabled applicants and employees where the accommodation does not impose undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.*

**EMPLOYMENT EXPERIENCE** (*List current or most recent job first*):

1	Employer:	Dates Employed:		Work Performed:
	Address:			
	Job Title:	Hourly Rate/Salary:		
	Supervisor:	Starting	Final	
	Reason for Leaving:			
2	Employer:	Dates Employed:		Work Performed:
	Address:			
	Job Title:	Hourly Rate/Salary:		
	Supervisor:	Starting	Final	
	Reason for Leaving:			
3	Employer:	Dates Employed:		Work Performed:
	Address:			
	Job Title:	Hourly Rate/Salary		
	Supervisor:	Starting	Final	
	Reason for Leaving:			

**EDUCATION BACKGROUND:**

School Attended	Name/Location	Years Completed	Diploma / Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

Any other Educational Training: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES (*Do not include relatives or former employers*):**

	Name	Address	Telephone Number	Years Acquainted
1				
2				
3				

**MILITARY SERVICE RECORD:**

Have you had any experience in the Armed Forces of the United States or in a States National Guard? Yes ☐ No ☐

If yes, what branch? \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Are you in the reserves? Yes ☐ No ☐ If yes, date obligation ends \_\_\_\_\_

Special/Technical Training: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**

Have you ever been convicted of a crime? Yes ☐ No ☐

If so, where, when, and nature of offense \_\_\_\_\_

Do you have a valid driver's license? Yes ☐ No ☐ License Plate No. \_\_\_\_\_

List professional trade, business, or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status, height, weight, or age: \_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and telephone number of the person to be notified in the event of an accident or emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING:**

Upon signing this application, I state that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit, or medical history with the appropriate individuals, companies, institutions, or agencies. I authorize them to release such information, including my prior disciplinary employment records, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Sault Ste. Marie Housing Commission Executive Director. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Sault Ste. Marie Housing Commission as they are from time to time changed, and no additional obligations can be imposed on the Sault Ste. Marie Housing Commission except those which have been acknowledged in writing, by the Executive Director or their designated representatives.

I agree that any legal action or suit against the Sault Ste. Marie Housing Commission arising out of my employment or termination of employment, including, but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Sault Ste. Marie Housing Commission, in which the Sault Ste. Marie Housing Commission prevails, I will pay to the Sault Ste. Marie Housing Commission any and all such costs incurred by the Sault Ste. Marie Housing Commission in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE