



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

APPLICATION FOR EMPLOYMENT

We appreciate your interest in employment with the Sault Ste. Marie Housing Commission and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition, handicap, 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 ☐

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

EDUCATION BACKGROUND:

School Attended	Name/Location	Years Completed	Diploma or 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 yes, where, when, and nature of offense: _____

Do you have a valid driver's license? Yes ☐ No ☐ License Number: _____

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 veteran 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, and I authorize them to release such information, as you require, including my prior disciplinary employment record, 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 his designated representatives.

I agree that any 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