



EMPLOYMENT APPLICATION

Jefferson Metropolitan Housing Authority

153 North 5th Street
Steubenville, OH 43952
(740) 282-0994

Position Applied For: _____

Date of Application: _____

We consider applicants for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status, as long as they are able to perform the essential functions of the job with or without reasonable accommodation. We will not refuse to hire an applicant because of disability so long as the disabled applicant is qualified to perform the essential functions of the job with or without reasonable accommodation.

(Please Print)

Last Name		First Name		Middle Name	
Address		City	State	Zip Code	
Telephone Numbers Cell		Other (Please Specify) _____			
E-Mail Address*:					

****E-Mail Addresses will be used to notify you of the status of your application***

Are you age 18 or over? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? (ONLY upon establishing mutual interest) ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Do you currently possess a valid Driver's License? ☐ Yes ☐ No

Are you related to anyone currently employed by JMHA ☐ Yes ☐ No

If yes, please explain the relationship: _____

Has your driver's license ever been suspended because you operated a motor vehicle while under the influence of alcohol or drugs? ☐ Yes ☐ No

Education

	High School or GED				Undergraduate College/University				Graduate/ Professional			
School Name and Address												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

(Educational level will be considered only to the extent a particular level of educational achievement is necessary for successful job performance.)

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal gender, race, color, religion, national origin, age, ancestry, disability, political affiliation, or other protected status.

References

List three work references (not related to you) preferably in a supervisory role.

Name	Telephone Number	Position	Years Known
1. _____			
2. _____			
3. _____			

Special Skills and Qualifications

Summarize any special job-related skills and qualifications acquired from employment, military, or other experience.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, age, ancestry, gender, national origin, disabilities, political affiliation, or other protected status. If you need additional space, please continue on a separate sheet of paper.

This section must be filled out, even if you are attaching a résumé!

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Final	
	Reason for <u>WANTING</u> to Leave			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Final	
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Final	
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Final	
	Reason for Leaving			

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

If you have served in the U.S. Armed Forces, are you currently discharged from active duty? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

(If you are hired by JMHA you must provide proof of your eligibility and any required documentation.)

Were you referred to this position by a current JMHA Employee? ☐ Yes ☐ No

If Yes, please list the current employees name:

Applicant's Statement

I, _____, understand that this is an application for employment and not
(Print Applicant Name Here)
an employment contract.

Initial

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that JMHA may make a **thorough investigation of my entire work and personal history** and may verify all data given in my application for employment, related documents or interviews. **I authorize such investigation and release from liability any person(s) giving or receiving such information. I understand that falsification of data so given, or other derogatory information discovered as a result of this investigation, may prevent my being hired, or, if hired, may subject me to immediate dismissal.**

Initial

I understand that if JMHA offers me employment, **the offer of employment will be contingent upon me taking and passing a drug test** as a condition of employment, and further understand that I may be **required to submit to additional pre-employment testing as may be required for the job.**

Initial

I understand that if JMHA offers me employment, I am required to abide by all rules and regulations of JMHA, and that JMHA retains the right to establish, modify and change those regulations including those pertaining to scheduling, overtime and shift assignments. I understand that if hired by JMHA, my employment can be terminated by JMHA subject only to applicable laws and regulations.

Initial

I am aware **this application is a "Public Record"** as defined by Ohio Public Records law and will be treated in accordance with that law.

Initial

Signature of Applicant

Date