

APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signatures at the end of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

POSITION APPLIED FOR	TODAY'S DATE		
Are you seeking: Full-time Part-time	_ Temporary	_employment?	
When can you start work?			
Personal Information			
First Name	Middle Initial		Last Name
Current Address	City	State	Zip Code
Phone Number			
Are you legally eligible to work in the U.S. Social Security Number			
**************************************	*****	*****	
Were you ever employed here before?	Yes No	If yes, when?	
Have you ever been convicted of any law violation	n (except a minor ti	raffic violation) Yes	No
If yes, give details (A 'yes" answer does not automatically disqualify	you from employr	nent, since the nature of the	he offense, date, and the j

which you are applying will also be considered.)

are you now or do you expect to be engaged in any other business or employment? Yes No	
f yes, please explain	
For Driving jobs only: Do you have a valid driver's license? Yes No	
Driver's License Number Class of License	
Have you had your driver's license suspended or revoked in the last 3 years? Yes No	
If yes, give details	
List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships where a race, color, religion, national origin, sex, age, disability or other protected status.)	nich
EDUCATION Highest Grade Completed 12345678 9101112 1234 1234 Circle One) Grade School High school College Post Graduate	
Name of school last attended	
Vocational or Trade training	
Professional Training	
What skills or additional training do you have that are related to the job for which you are applyi	ng?
What machines or equipment can you operate that are related to the job for which you are applyi	ng?

EMPLOYMENT HISTORY

List below your work experience (starting with your present or most recent employer). Use the reverse side of the application form if you need additional space. Please account for all periods of unemployment in this section.

Date of Employment	Name and Address of	Employer	Name and Title of Supervisor	Your Job Title	Salary
From					
То					

Briefly describe your job duties and work experience

Reason for leaving (if discharged-state reason)

Date of Employment	Name and Address of	Employer	Name and Title of Supervisor	Your Job Title	Salary
From					
То					

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Reason for leaving (if discharged-state reason)

Date of Employment	Name and Address of	Employer	Name and Title of Supervisor	Your Job Title	Salary
From					
То					

Briefly describe your job duties and work experience

Reason for leaving (if discharged-state reason)	
Are you presently employed?	Yes No
If yes, may we contact your employer?	Yes No
Have you ever been fired from a job or asked to resign?	Yes No

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone
1)		
2)		
3)		

APPLICANT'S STATEMENT

I have applied for employment with the Youngstown Metropolitan housing Authority. I am aware that the Youngstown Metropolitan Housing Authority will verify all information provided by me on my employment application. Any information obtained by the YMHA while checking the information provided by me in my employment application shall be held in confidence by the YMHA and used only for evaluating my suitability for employment by YMHA.

I understand that if employed, false statements or omissions on this application are grounds for immediate dismissal upon discovery thereof. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing the same to you.

I understand that his application for employment is only good for ninety (90) days from the date I signed this form.

I understand that I may be required to undergo a medical examination before beginning work; and from time to time as required if I am employed, for any reason, including drug, alcohol or disease detection.

In consideration of my employment, I agree to abide by YMHA's rules and regulations. If employed, I understand that my employment and compensation are at will and can be terminated, with or without cause, and with or without notice, at any time at the option of either YMHA or myself. I understand that no manager or supervisor other than the executive Director of YMHA has any authority to enter into any agreement for employment or to make any agreement contrary to the foregoing.

Applicant's Signature

Date

AUTHORIZATION

I, ______, am an applicant for employment at the Youngstown Metropolitan Housing Authority. I hereby authorize and release to the Youngstown Metropolitan Housing Authority or its designated agent the authority to contact all references provided to the Youngstown Metropolitan Housing Authority in my employment application including, but not limited to, a check of records for any criminal convictions with police authorities.

Signature

Date