

APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip Code

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

CELL PHONE NUMBER: _____ EMAIL ADDRESS: _____

Position Applied For: _____	
Salary Requested: _____	Possible Start Date: _____

Have you been employed at RHA before? NO YES -Dates: _____

Are you a resident of RHA? YES NO

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? YES NO

Are you prevented from lawfully becoming employed in the U.S. because of Visa or immigration status? YES NO

Have you ever been convicted of or plead guilty to a felony? YES NO

Are you over 18 years of age? YES NO

Is there any reason you would not be able to perform the essential functions of the job for which you are applying? YES NO

If Yes, what reasonable accommodation(s) if any would you require to enable you to perform these essential functions?

Equal Employment Opportunity Employer

EDUCATION

INSTITUTE	GRADE COMPLETED (CIRCLE ONE)	GRADUATED	MAJOR FIELD OF STUDY
HIGH SCHOOL Name: City, State:	9 10 11 12	YES NO	
COLLEGE Name: City, State:	1 2 3 4	YES NO	
GRADUATE Name: City, State:	1 2 3 4	YES NO	
OTHER Name: City, State:		YES NO	

APPRENTICESHIP OR TRAINING

Company sponsored course work, apprenticeship, etc.

TYPE OF TRAINING OR APPRENTICESHIP	DATES ATTENDED

Describe any skills or personal attributes which would be relevant to your employment at RHA.

WORK HISTORY

List all past employment, beginning with the most recent:

Position _____	Ending Salary \$ _____	Job Duties:
Company _____	Reason for Leaving: (Circle One)	
Supervisor _____	QUIT LAYOFF	
City, State _____	DISCHARGED	
Dates From: _____ To: _____	OTHER: _____	

Position _____	Ending Salary \$ _____	Job Duties:
Company _____	Reason for Leaving: (Circle One)	
Supervisor _____	QUIT LAYOFF	
City, State _____	DISCHARGED	
Dates From: _____ To: _____	OTHER: _____	

Position _____	Ending Salary \$ _____	Job Duties:
Company _____	Reason for Leaving: (Circle One)	
Supervisor _____	QUIT LAYOFF	
City, State _____	DISCHARGED	
Dates From: _____ To: _____	OTHER: _____	

Position _____	Ending Salary \$ _____	Job Duties:
Company _____	Reason for Leaving: (Circle One)	
Supervisor _____	QUIT LAYOFF	
City, State _____	DISCHARGED	
Dates From: _____ To: _____	OTHER: _____	

BUSINESS REFERENCES

(Other than Relatives)

1.	Name _____	Phone _____
	Business _____	
	Address _____	
2.	Name _____	Phone _____
	Business _____	
	Address _____	
3.	Name _____	Phone _____
	Business _____	
	Address _____	

ROCKFORD HOUSING AUTHORITY DRUG POLICY FOR PRE-PLACEMENT APPLICANTS

All applicants being considered for employment will be required to consent to a substance abuse screen (drug test). The results of the substance abuse screen will be evaluated when determining employment. Failure to pass the screen or failure to submit to the screen in a timely manner will conclude all consideration of your application for employment.

This agency adheres to and abides by the provisions of "Drug Free Workplace Act of 1988". As a condition of employment workers must abide by the Rockford Housing Authority anti-drug policy and report any criminal convictions for drug activity in the workplace.

RELEASE OF INFORMATION

I hereby authorize RHA to investigate any or all of the information provided in this application and release from all liability all persons or companies supplying such information. In the event I am employed, I agree to work the dates (including weekends), the hours (including overtime) scheduled by the management of the department in which I am employed; and comply with the RHA Drug Free Workplace Policy as outlined above. I certify that all information contained herein is true, and I understand any false statement or omissions on this application shall be grounds for dismissal.

MAY YOUR PRESENT EMPLOYER BE CONTACTED: YES NO

Signature _____ **Date** _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

The Rockford Housing Authority is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. The information you provide will be maintained confidentially and separately from your application and will not be used for employment consideration purposes.

Date _____

Position applied for _____

Gender Female Male

Race/Ethnic Categories (check one)

- CAUCASIAN** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe.
- AFRICAN-AMERICAN** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC**: All person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- NATIVE AMERICAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

DISABILITY

If you have a disability, please specify:

AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers compensation injuries, driving record, criminal record, education, credentials, credit, and references. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize AAIM to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

Signature

Date

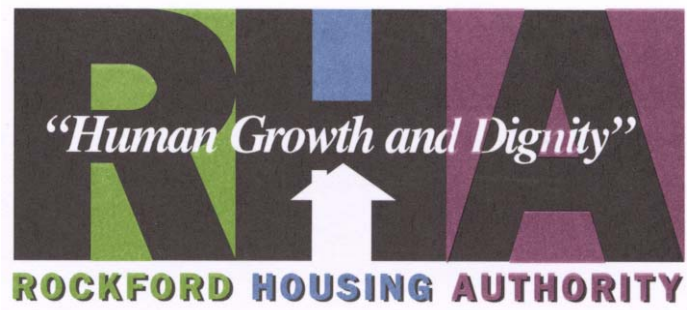
May your current employer or references associated with your current employment be contacted?

Yes No

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

PLEASE PRINT CLEARLY

Name: Last	First	Middle	
Other Names Used - <i>include maiden name, aliases and nick names</i>			
Address:			
City/State/Zip			
Telephone Number	Social Security Number	Date of Birth	
Drivers License Number	State	Sex : M F	Race:



CONSUMER REPORT DISCLOSURE STATEMENT

“By this document, Rockford Housing Authority discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.”

Candidate Signature

HR Signature

Date