



2015 Felton Avenue
PO Box 4928
Macon, Georgia 31208

Tel: 478-752-5000 Fax: 478-752-5057

An Equal Opportunity Employer • Certified Drug-Free Workplace

EMPLOYMENT APPLICATION (Rev 7/08)

Please complete all blanks, using ink and printed or legible handwriting. Applications will be accepted for open positions only. Unsolicited applications and/or resumes will not be accepted.

(For MHA use only)

Today's Date: _____

Date of Contact: _____

Applicant Information

Name: _____ Soc. Sec. No.: _____
First Middle Last

Address: _____ Phone: _____
Street City State Zip

Position Applied for: _____ Salary Requirements: _____

Have you ever worked for MHA? YES NO If yes, when? _____

NOTE: MHA does not hire immediate family members of current employees. Immediate family members are considered to be wife, husband, mother, father, sister, brother, son, daughter, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandmother, grandfather, grandson, granddaughter, stepmother, stepfather, stepson, stepdaughter.

Are any of your immediate family members currently working for MHA? YES NO

Are you or any immediate family member receiving housing assistance from MHA? YES NO

How did you hear about the position? _____ Date available for work: _____

Can you consistently and reliably report to work at 8:00 a.m.? YES NO

Can you consistently and reliably report to work at 7:30 a.m.? YES NO

Are you over 18 years of age? YES NO

Are you a U.S. Citizen, or, if not, do you have a legal right to work in this country? YES NO

NOTE: A prior conviction is not an automatic bar to employment. The nature of the conviction, the date of the offense, and all relevant circumstances will be considered. However, answering the following question untruthfully or withholding information will be considered falsification of the employment application and employment will be denied.

Have you ever been convicted of a felony, misdemeanor, or any offense other than a minor traffic violation?

YES NO If yes, explain: _____

Have you ever engaged in any acts or conduct involving dishonesty or breach of trust (including, but not limited to, giving false information to an employer, falsification of hours worked, overtime hours, etc.)? YES NO

If yes, explain:

Employment History

Starting with CURRENT or most RECENT, list previous employers. Include self-employment, military service, summer, and part-time jobs. If you need more space, continue on back of sheet.

Current/Previous Employer	Dates (Mo/Yr) & Salary	Position & Duties
Company Name:	From: \$	
Street Address:	To: \$	
City/State/Zip:	Phone: ()	Name/Title of Supervisor:

Reason for Leaving:

Current/Previous Employer	Dates (Mo/Yr) & Salary	Position & Duties
Company Name:	From: \$	
Street Address:	To: \$	
City/State/Zip:	Phone: ()	Name/Title of Supervisor:

Reason for Leaving:

Previous Employer	Dates (Mo/Yr) & Salary	Position & Duties
Company Name:	From: \$	
Street Address:	To: \$	
City/State/Zip:	Phone: ()	Name/Title of Supervisor:

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Company Name:	From: \$	
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City/State/Zip:	Phone: ()	Name/Title of Supervisor:

Reason for Leaving:

Previous Employer	Dates (Mo/Yr) & Salary	Position & Duties
Company Name:	From: \$	
Street Address:	To: \$	
City/State/Zip:	Phone: ()	Name/Title of Supervisor:

Reason for Leaving:

Education

Name	Street Address	City / State / Zip	Major Course or Subject	Circle Last Year Completed	If Graduate Mo./Yr.	Degree	Grade Point Avg.
High School				9 10 11 12			
Business School				1 2 3 4			
College				1 2 3 4			
Graduate Work				1 2 3 4			

List scholastic honors, offices held, and activities in high school or college. Do not list organizations which reveal race, religion, national origin, age, or gender. _____

If you did not graduate, when did you leave school or college? _____

Are you planning to pursue further studies? YES NO Day School Night School Part-time Full-time

If yes, when, where, and what course(s)? _____

List any courses, certifications, licenses, etc. you have completed which will aid MHA staff in evaluating your qualifications for the position you are seeking. Use additional sheets, if necessary. (Example: *If applying for a clerical position, note training such as computer skills, word processing, typing, calculator, etc.*) Please include grades or other indicators of achievement, such as words per minute typed.

Course Taken	Date Enrolled	School/Course Sponsor	Describe Major Course Content	Grade
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			

General Information

Use the space below to describe your interests, skills, and aptitudes that you feel will qualify you for a position at MHA. You may wish to include civic and community activities, professional societies affiliations, hobbies, sports, special training or skills such as typing, accounting, bookkeeping, computers, word processing, calculators, or other skills. Please do not list organizations which reveal race, religion, color, national origin, age or sex.

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask them of any employment interviewer before signing.

Macon Housing Authority does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, handicap, veteran status, or status within any other protected group. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but receipt of it does not imply that you will be offered employment. Also, you understand that your application will be considered only for the current open position(s) for which you are applying. Your application will not remain active for other future open positions.

MHA is committed to maintaining a drug-free work place. Should you receive an offer of employment, such offer is contingent on pre-employment drug and alcohol testing. By signing your name below, you agree to testing for the presence of illegal drugs and alcohol in your body. You give your consent for the release of test results to authorized MHA management for review. In addition, you understand that if the results of drug testing are positive, the offer of employment will be rescinded. Also, if you refuse to consent to drug testing, you will be removed from further consideration for employment. You further understand that, if employed by MHA, you must abide by the terms of MHA's Substance Abuse Policy.

MHA is committed to its overall function of ensuring compliance with housing laws designed to prevent fraud, waste, and abuse in the administration of its public housing programs. By signing below, you authorize MHA to review your housing file, if any, in conjunction with this employment application.

By signing your name below, you acknowledge that you understand that misrepresentations or omissions will be cause for rejection, or will be cause for subsequent dismissal if you are employed.

By signing your name below, you understand that nothing contained in this application or in the interview process is intended to create an employment contract between MHA and you. Should this application result in your employment, you have the right to terminate your employment at any time and for any reason, and MHA retains a similar right. You further understand that no representative of MHA other than the Executive Director has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personnel move or benefit. You further understand that this entire statement applies to the period prior to or after you may be employed.

I hereby acknowledge that I have read and understand each of the above statements.

Signature of Applicant

Date

MACON HOUSING AUTHORITY

Disclosure and Authorization to Request Consumer Report Information

I understand that the Macon Housing Authority ("MHA") will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment.

I understand the consumer reporting agency will conduct an investigation which may include obtaining information covering up to the last seven (7) years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens, and any criminal history, regardless of how old it is. I also understand that MHA may obtain personal and non-personal information in connection with my motor vehicle record.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords, and public agencies or other persons who may have such knowledge.

I understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand that if I disagree with the accuracy of any information in the report, I must notify MHA within five (5) days of my receipt of the report. If I notify MHA within five days of the receipt of the report that I am challenging information in the report, MHA will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize MHA to procure a report on my background as stated above from a consumer reporting agency.

Signature of Applicant

Date

Date: _____

Macon Housing Authority
PO Box 4928
Macon, Georgia 31208

To Whom It May Concern:

I hereby authorize the Macon Housing Authority and/or the BB&T Insurance Company, or other MHA insurer, to obtain a copy of my Motor Vehicle Report from the Department of Public Safety. I understand that in obtaining a Motor Vehicle Report, a consumer reporting agency may be used, and I hereby authorize such use.

I also authorize Macon Housing Authority to furnish a copy of my Motor Vehicle Report to BB&T Insurance and/or the Authority's subsequent auto insurance provider(s).

Name as it appears on Driver's License: _____

Date of Birth: _____

Driver's License Number: _____

State of License: _____

Social Security Number: _____

Signature: _____ Date: _____

COMMISSIONERS:

E. EARL BENSON
DAVID A. DANZIE, JR.
JOANN T. FOWLER
MARGARET S. HOBES
JOYCE R. SCHAFER
PEARLIE M. TOLIVER



2015 FELTON AVENUE
PO BOX 4928
MACON, GEORGIA 31208

JOHN H. HISCOX
EXECUTIVE DIRECTOR

TELEPHONE (478) 752-5000
CENTRAL OFFICE TTY (478) 752-5198
MAINTENANCE TTY (478) 752-5056
CENTRAL FAX (478) 752-5199
SECTION 8 FAX (478) 752-5188
MAINTENANCE FAX (478) 752-5120

Dear Sheriff Modena:

The Macon Housing Authority requires information regarding criminal activity of all persons applying for employment with the Authority.

The applicant, shown below, has given consent for the release of his/her criminal record by signing the authorization below. This information will be held in strict confidence for use only in determining applicant's eligibility for employment.

We are also required to complete our determination within a specified time, therefore, your prompt reply will be appreciated. Please return this form to:

MACON HOUSING AUTHORITY
PO Box 4928
Macon, Georgia 31208

If you have any questions, please do not hesitate to call me at (478) 752-5094.

Sincerely,

Linda M. Chapman
HR Coordinator

STATE OF GEORGIA, BIBB COUNTY

Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires _____

I, _____, do hereby
(print full name)

consent to the release of my criminal record to the Macon Housing Authority for its use in determining my eligibility for employment.

RACE _____ MALE FEMALE

BIRTH DATE _____

SOCIAL SECURITY NO. _____

Signature: _____ Date: _____

APPLICANT AUTHORIZATION
TO RELEASE INFORMATION REGARDING EMPLOYMENT

To Whom It May Concern:

I have applied for employment with Macon Housing Authority. As part of the employment application process, I hereby authorize and direct Macon Housing Authority to verify information contained in my employment application and any other information as supplied in connection with my employment application. Such information includes, but is not limited to, the dates of my current/past employment, compensation, and general information as to my status as a current and/or former employee with your organization.

I hereby authorize and release any such person, firm or organization contacted by Macon Housing Authority in connection with my employment application to release to Macon Housing Authority such information as required in connection with my employment application.

Any such person, firm, institution or organization relying upon this release shall be held harmless by me for any information supplied to the Macon Housing Authority. A copy of this release shall be sufficient to authorize the release of information covered herein,

Further, I understand and acknowledge that MHA assumes no responsibility for the integrity of the information supplied by any person, firm, institution or organization to Macon Housing Authority in the course of its inquiry and investigation; and hold Macon Housing Authority harmless for any action taken in reliance upon the information furnished.

Signature of Applicant

Date