



EMPLOYMENT APPLICATION

(Nov 2015)

An Equal Opportunity Employer M/F/Vet/Disabled • Certified Drug-Free Workplace

Macon-Bibb County Housing Authority ("MHA") is an Equal Opportunity Employer and applicants are considered without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other legally protected status. In accordance with the Americans with Disabilities Act and applicable laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants so that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable employment laws and the information requested on this application will only be used for purposes consistent with those laws. MHA maintains a smoke-free workplace.

Please print and answer all questions completely. Applications will be accepted for open positions only.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA

Full Legal Name: _____ Daytime Phone: (____) _____

Address: _____
Street City State Zip

Email Address: _____ Salary Expectation: _____

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

Have you ever worked for MHA? Yes No If yes, provide dates: _____

Do you have any relatives employed by MHA? Yes No If yes, list names & relationship: _____

Do you or any immediate family member receive housing assistance from MHA? Yes No

Is there any reason you could not wear a uniform and/or comply with a business casual dress code? Yes No If yes, explain: _____

AVAILABILITY

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Can you consistently and reliably report to work by 8:00 a.m? Yes No

Will you work overtime if required? Yes No

Do you have a valid driver's license? Yes No State: _____ License #: _____

Maintenance Positions Only: Is there any reason you could not take on-call duty? Yes No If yes, explain: _____

EDUCATION

| Name, City and State of Educational Institution | Did you graduate? | | Credits Earned | Degree Received or Expected | Major | Minor | Overall GPA |
|---|-------------------|----|----------------|-----------------------------|-------|-------|-------------|
| | Yes | No | | | | | |
| High School | | | | | | | |
| College or University | | | | | | | |
| Technical/Other | | | | | | | |
| Licenses/Certification/Other | | | | | | | |

Do you plan to pursue further studies? Yes No If yes: Day / Night Part-time / Full-time

When, where, and what course(s)? _____

MILITARY (Complete only if applicable)

Branch of Service: _____ Numbers of Years/Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Reason for Leaving: _____

Describe any military skills, training and experience relevant to the job applied for: _____

EMPLOYMENT HISTORY

List all present and past employment during the past 10 years, beginning with your most recent employer. Attach additional sheets, if necessary. Complete all areas. Incomplete employment history may preclude you from consideration.

Company Name: _____ Telephone: _____

Address: _____

Immediate Supervisor & Title: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Starting Salary: \$ _____ / _____ Ending Salary: \$ _____ / _____

Job title(s) and duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Immediate Supervisor & Title: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Starting Salary: \$ _____ / _____ Ending Salary: \$ _____ / _____

Job title(s) and duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Immediate Supervisor & Title: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Starting Salary: \$ _____ / _____ Ending Salary: \$ _____ / _____

Job title(s) and duties: _____

Reason for leaving: _____

Please explain any gaps in your employment history: _____

REFERENCES

List three persons not related to you who know your qualifications:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation, omission of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I also understand that, if employed, any misrepresentation or omission of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize Macon-Bibb County Housing Authority ("MHA") to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give MHA (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent, and may be terminated by me or MHA with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the basic employment policies or personnel handbook) constitutes an employment contract or modification of the at-will employment relationship between me and MHA. I also understand that my at-will employment status with MHA may only be altered in an individual case or generally in a writing signed by the CEO of MHA.

MHA is committed to maintaining a drug-free work place. As such, I understand that should I receive an offer of employment, such offer is contingent on pre-employment drug testing. By my signature below, I agree to testing for the presence of illegal drugs in my body and give my consent for the release of test results to authorized MHA management for review. I understand that if the results of drug testing are positive, the offer of employment will be rescinded. Also, if I refuse to consent to drug testing, I will be removed from further consideration for employment.

I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests or submit to a background investigation. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize MHA to review my housing file, if any, in conjunction with this employment application. I also authorize MHA to release any background check and/or drug test results to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Applicant Signature: _____

Date: _____