

APPLICATION FOR EMPLOYMENT

HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT MISSION STATEMENT

The mission of the Housing Authority of the Birmingham District is to be the leader in making available excellent, affordable housing for low and moderate income persons through effective management and the wise stewardship of public funds. We will also partner with our residents and others to enhance the quality of life in our communities.

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Housing Authority of the Birmingham District to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, or any other condition protected by law. No question on this application is asked for the purpose of limiting or excluding an applicant's consideration for employment because of his/her race, color, religion, sex, national origin, age, disability, or any other condition protected by law.

Please print or type all information. All information is to be completely provided except where it is indicated as not being applicable for the position for which you are applying. An incomplete application may disqualify you from consideration. If information is not applicable, enter N/A.

SOCIAL SECURITY NO: _____

DRIVER LICENSE NO: _____ **STATE OF LICENSE:** _____

(MUST BE COMPLETED BY APPLICANTS FOR JOBS THAT REQUIRE A VALID DRIVER LICENSE WITH DRIVING AS AN ESSENTIAL FUNCTION OF THAT JOB)

POSITION APPLIED FOR: _____

EARNINGS EXPECTED: \$ _____

DATE OF APPLICATION: _____

NAME: _____ **HOME PHONE NO:** _____

PRESENT ADDRESS: _____ **CITY** _____ **STA** _____ **ZIP** _____

PREVIOUS ADDRESS IF LESS THAN THREE (3) YEARS _____

APPLIED HERE BEFORE? NO YES **DATE:** _____

WORKED HERE BEFORE? NO YES **DATE** _____ **POSITION:** _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME: _____ **PHONE:** _____

ADDRESS: _____

NAME(S) OF RELATIVES WORKING HERE: _____

ARE YOU A RESIDENT OF PUBLIC HOUSING? YES NO

EDUCATION:

PROVIDE EDUCATION THAT IS REQUIRED FOR THE JOB FOR WHICH YOU ARE APPLYING. THIS REQUIREMENT IS LOCATED ON THE POSITION DESCRIPTION AND JOB POSTING.

SCHOOL NAME & ADDRESS	YEARS COMPLETED	GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE/ DIPLOMA	DATE RECEIVED

PREVIOUS EMPLOYMENT RECORD

Please give job history for years of experience beginning with the current employment and the last four employers.

Company Name:	Telephone ()
Address:	Employed (Month and Year) From To
Name of Supervisor	Salary
State Job Title & Describe Your Work	Reason for leaving
Company Name:	Telephone ()
Address:	Employed (Month and Year) From To
Name of Supervisor	Salary
State Job Title & Describe Your Work	Reason for leaving
Company Name:	Telephone ()
Address:	Employed (Month and Year) From To
Name of Supervisor	Salary
State Job Title & Describe Your Work	Reason for leaving
Company Name:	Telephone ()
Address:	Employed (Month and Year) From To
Name of Supervisor	Salary
State Job Title & Describe Your Work	Reason for leaving
Company Name:	Telephone ()
Address:	Employed (Month and Year) From To
Name of Supervisor	Salary
State Job Title & Describe Your Work	Reason for leaving

IS THERE INFORMATION ABOUT YOUR NAME OR USE OF ANOTHER NAME THAT WE WOULD NEED TO BE ABLE TO VERIFY YOUR EMPLOYMENT RECORD? YES NO

PLEASE SPECIFY: _____

ARE YOU PRESENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

WHEN CAN YOU REPORT TO WORK? _____

PERSONAL REFERENCES: (NOT RELATIVES - NOT FORMER EMPLOYERS)

NAME	ADDRESS	OCCUPATION	PHONE

ADDITIONAL INFORMATION
1. Have you ever been convicted of a felony since your 18 th birthday or as an adult prior to your 18 th birthday? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>A "yes" response to this question will not automatically disqualify you from employment with HABD; your response will be considered in relation to specific job requirements, the nature of the offense, how long ago the conviction occurred, etc.</i>
2. Are you legally authorized to work in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/> (You will be required to provide proof of citizenship or right to work status at the time of hire.)
REFERRED FOR EMPLOYMENT BY: VOLUNTARY <input type="checkbox"/> WANT AD <input type="checkbox"/> STATE EMP. <input type="checkbox"/> OTHER <input type="checkbox"/>

In responding to the following questions, please refer to the Housing Authority of the Birmingham District's job description for the position for which you are seeking employment.

Are you 18 years or older? Yes No

Based on having reviewed and/or discussed the job description of the job for which you are applying, can you perform the essential functions of the job? Yes No

If no, please describe the accommodation you want the employer to consider.

This section is to be completed when licenses, certifications or registrations are required for the job as indicated by the position description or job posting of the position for which you are applying. Some employees who may be eligible for driving HABD vehicles in the course of employment will require proof of a valid driver license.

Type of License/Certificate/ Registration	Issuing State or Organization	Number	Date(s) Held	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICANT'S STATEMENT

I, the undersigned applicant, hereby certify and affirm by signing below that all information provided on this application is true and complete to the best of my knowledge and information. I understand that the Housing Authority of the Birmingham District (HABD) will perform pre-employment background screening to determine my suitability for employment in the position for which I have applied. I understand that false information, misrepresentations or omissions may be cause for rejection from employment. If employed, I realize false information, misrepresentations or omissions will be grounds for dismissal. If employed, this application will become a part of my individual personnel file.

I further certify by signing below that I understand that nothing in this application or in the interview process is intended to create an employment contract between HABD and me. If I am employed by HABD from this application, I understand that I have a right to terminate my employment at any time and for any reason and that HABD retains a similar right.

DATE

SIGNATURE

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT AND BACKGROUND INFORMATION AND NOTICE OF
FAIR CREDIT REPORTING ACT RIGHTS FOR ADVERSE EMPLOYMENT ACTION BASED ON
INFORMATION RECEIVED**

I, the undersigned, hereby consent, as a part of my application for employment, to authorize any current or former employer, any state or federal law enforcement agency, any Consumer Reporting Credit Agency (CRA), any third party, and/or any public or private entity to release information concerning my professional or work competence, ethics, character, criminal convictions, work history, and any other information authorized under the fair credit reporting act, state and federal law. If adverse action is taken against me, as a result of information obtained from a Credit Reporting Agency, I understand that I will be provided a summary of my rights under the fair credit reporting act and a copy of the consumer report generated by that agency. If adverse action is taken based in whole or in part on any information in a consumer report, oral, written or electronic, or based on information received from a third party I will be provided notice of the name, address and phone number of the credit reporting agency and advised that the agency did not make the decision and that the agency cannot provide reasons for the decision. I will have the right to obtain a copy of the report at no cost to me and of my right to dispute the accuracy or completeness of the information. I will also be notified if information is obtained, on which adverse action is taken, from third parties or affiliated entities and will be given opportunity to request that information in writing.

I hereby release from liability, claims and lawsuits of any type and nature, and indemnify and hold harmless the housing authority of the Birmingham district (HABD) as well as any and all individuals and organizations requesting on behalf of HABD or providing to HABD the information requested for employment screening purposes. I understand that any false information provided by me, whether willful or negligent misrepresentation or failure to disclose any requested information will be sufficient grounds for denying employment and/or terminating employment without further advance notice.

Date

Signature

