

JACKSON HOUSING COMMISSION

Employment Application

Today's Date: _____

"I hereby authorize an investigation of my past employment, activities, and statements contained in this application, and release from any and all liability or damages of any kind or nature whatsoever all persons, companies, corporations, governmental entities or any of their employees supplying such information. I understand that such information may include a record of disciplinary action by a previous employer or employers, and I hereby release such parties from any obligation to provide me with written notification as required by law of such disclosure."

Print Name: _____

Signature: _____

Position Applying For: _____

JACKSON HOUSING COMMISSION

Employment Application

Jackson Housing Commission (JHC) does not discriminate on the basis of religion, race, color, national origin, age, sex, height, weight, disability, or marital status as to: access, availability, employment, or participation in any of its programs and activities. If you need any accommodations to allow you to effectively participate in the application and/or selection process, please inform the interviewer of your needs.

Instructions: Please PRINT CLEARLY. If sufficient space is not provided on this application to give complete answers, or if you wish to give pertinent information not specifically requested, please attach the additional information to this application. Please include a copy of your resume if you have one.

Title of Position Applying For: _____

PERSONAL INFORMATION

Full Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail Address: _____

Are you 18 years or older? YES NO Are you a U.S. Citizen? YES NO

Do you have a valid Driver's License? YES NO

State Issued: _____ Number: _____

Are you a U.S. armed Forces Veteran? YES NO Branch: _____ Dates: _____

Are you currently a member of any military reserve organization? YES NO

Have you ever been convicted of a felony? YES NO

If Yes, Please provide details: _____

Will you be able to perform the position for which you are applying, with or without accommodations?

YES NO If no, please describe accommodations required: _____

Do you have any relatives employed by the Jackson Housing Commission? YES NO

If yes, please list names: _____

If hired, are you willing to submit to and pass a controlled substance test? YES NO

Can you speak, read, and write English? YES NO

Do you speak, read, and write any foreign languages? YES NO If yes, please list: _____

JACKSON HOUSING COMMISSION

Employment Application

EDUCATION

High School Diploma: YES NO

GED: YES NO

Name of School: _____

School Address: _____

School City, State, Zip: _____

Undergraduate College:

Name of School: _____

School Address: _____

School City, State, Zip: _____

Degree Obtained: _____

Date of Graduation: _____

Graduate or Professional School:

Name of School: _____

School Address: _____

School City, State, Zip: _____

Degree Obtained: _____

Date of Graduation: _____

Technical or Other (Specify):

Name of School: _____

School Address: _____

School City, State, Zip: _____

Degree Obtained: _____

Date of Graduation: _____

SPECIALIZED SKILLS

Please list all office and/or equipment you are able to operate or hold certifications for:

JACKSON HOUSING COMMISSION

Employment Application

EMPLOYMENT RECORD (Please list most recent first.)

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

May we contact? YES NO Job Title: _____ Supervisor's Name: _____

Hourly Rate/Salary: Starting _____ Ending _____ Dates Employed: From: _____ To: _____

Are you still employed there? YES NO If no, reason for leaving: _____

Work Performed: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

May we contact? YES NO Job Title: _____ Supervisor's Name: _____

Hourly Rate/Salary: Starting _____ Ending _____ Dates Employed: From: _____ To: _____

Are you still employed there? YES NO If no, reason for leaving: _____

Work Performed: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

May we contact? YES NO Job Title: _____ Supervisor's Name: _____

Hourly Rate/Salary: Starting _____ Ending _____ Dates Employed: From: _____ To: _____

Are you still employed there? YES NO If no, reason for leaving: _____

Work Performed: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

May we contact? YES NO Job Title: _____ Supervisor's Name: _____

Hourly Rate/Salary: Starting _____ Ending _____ Dates Employed: From: _____ To: _____

Are you still employed there? YES NO If no, reason for leaving: _____

Work Performed: _____

*If more space is needed for employment history, please use the back of this sheet.

JACKSON HOUSING COMMISSION

Employment Application

Please list names of professional & technical associations of which you are now a member. (Do not list organizations which by name would indicate your political, religious, or union affiliations, or your race or nationality.)

I hereby certify that all statements made on or in connection with this application, including those regarding my training and/or experience, are true and complete to the best of my knowledge and belief. I understand and agree that any miss-statements or omissions of material fact(s) may result in discipline up to and including forfeiture of rights to employment by the Jackson Housing Commission.

I hereby authorize an investigation by the Jackson Housing Commission of my past employment, education, criminal history and personal activities, and statements on or made part of this application. I release from any and all liability or damages of any kind or nature all persons, companies, corporations, governmental entities, and any of their employees supplying such information. I understand that such information may include a record of disciplinary action by a previous employer, and I hereby release such parties from any obligation to provide me with written notification of such disclosures as may be required by law.

Signature of Applicant

Date

Office Use Only:

Date Application Received: _____ By: _____

Keep on file until (6 months from date received): _____