

**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

**GALLIA COUNTY METROPOLITAN HOUSING AUTHORITY**

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, military status, genetic information, or any other legally protected status.

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**PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM.**  
\*\*\*\*\*

POSITION SEEKING \_\_\_\_\_ DATE \_\_\_\_\_  
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE (Optional) \_\_\_\_\_  
ARE YOU 18 YEARS OR OLDER? \_\_\_ YES \_\_\_ NO MAIDEN NAME (If applicable) \_\_\_\_\_  
EVER EMPLOYED BY THIS FACILITY BEFORE? \_\_\_ YES \_\_\_ NO WHEN/DEPARTMENT \_\_\_\_\_  
IN CASE OF AN EMERGENCY CONTACT \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**  
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**IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.**

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CURRENT EMPLOYER \_\_\_\_\_  
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? \_\_\_ Yes \_\_\_ NO

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC \_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO LEAVE? \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC \_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO LEAVE? \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC \_\_\_\_\_

WHY DO YOU WANT TO LEAVE? \_\_\_\_\_

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IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.  
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**EDUCATION AND TRAINING**

**THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.**

HIGH SCHOOL ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DID YOU GRADUATE?  YES  NO HIGH SCHOOL EQUIVALENT?  YES  NO

ACTIVITIES, AWARDS, SPORTS, ETC. \_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DID YOU GRADUATE?  YES  NO DEGREE \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR \_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC. \_\_\_\_\_

GRADUATE SCHOOL(S) ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DID YOU GRADUATE?  YES  NO DEGREE \_\_\_\_\_

**PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL INFORMATION**

DO YOU HAVE ANY COMMITMENTS (i.e. – SECOND JOB, SCHOOL, ETC) WHICH MIGHT INTERFERE WITH OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?     YES     NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?     YES     NO

If yes, please explain: \_\_\_\_\_

(The Employer will only consider specific crimes related to qualifications for positions applied for.)

DO YOU POSSESS A VALID DRIVERS LICENSE?     YES     NO  
IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?     YES     NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?     YES     NO

ARE YOU A RESIDENT OF OHIO?     YES     NO                      HOW LONG?    \_\_\_\_\_ YEARS    \_\_\_\_\_ MONTHS

IF NO, WHAT STATE ARE YOU A RESIDENT OF? \_\_\_\_\_

**PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*\*\*\*\*  
**PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.**  
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1. I understand and accept that if I am selected for employment; my employment will be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

INITIALS \_\_\_\_\_

2. I was given the opportunity to review the position description for any position for which I am making application. After reviewing the essential functions, I am able to physically perform the essential functions of the position, with reasonable accommodation when necessary.

INITIALS \_\_\_\_\_

3. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. **Based on the position applied for, I understand that I may be required to work up to sixteen (16) consecutive hours within a 24 hour period..**

INITIALS \_\_\_\_\_

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS \_\_\_\_\_

5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. Therefore, I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

INITIALS \_\_\_\_\_

6. I hereby authorize the employers, schools and personal references named in this application, to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

INITIALS \_\_\_\_\_

7. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS \_\_\_\_\_

**\*\*READ CAREFULLY BEFORE SIGNING\*\***

**I AFFIRM THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED, MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.**

**FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH GALLIA COUNTY METROPOLITAN AUTHORITY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
**FOR OFFICE USE ONLY**  
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Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Hired  YES  NO Position \_\_\_\_\_ Department \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Full-time / Part-time – hours scheduled to work \_\_\_\_\_

Date to report to work \_\_\_\_\_ Shift \_\_\_\_\_ Seasonal Employee  YES  NO