

# JOHNSTOWN HOUSING AUTHORITY

## EMPLOYMENT APPLICATION

Johnstown Housing Authority agrees to provide equal employment opportunity to all qualified persons and affirms its commitment that there will be no discrimination against applicants or employees with regard to race, color, religion, sex, creed, sexual orientation, gender identity, age, national origin, social or union affiliation, political affiliations, or against persons who may be disabled, veterans or disabled veterans.

Disabled applicants may request an accommodation to participate in the application process, including any selection tests, by contacting the Personnel Officer.

### PERSONAL INFORMATION

Date	Name				
Home Address	City	State	Zip Code	Phone No.	
Interested In: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Wage or salary desired		Were you ever employed by Johnstown Housing Authority?		
Do you have a current and valid drivers license?	If hired, would you be able to present evidence of your U.S. Citizenship or proof of your legal right to work in the U.S.?				

### EDUCATION AND SKILLS

Circle Last Year completed – 1 2 3 4 5 6 7 8 9 10 11 12 – College 1 2 3 4

School	City	Dates Attended	Course
College or Technical School	City	Dates Attended	Major and Degree
Other Education or Training (Carpentry, Plumbing, Electrical, Etc.)		Dates Attended	Course
Typing Speed	What business machines can you operate?		What licenses do you hold?
What foreign languages do you speak or write?	Fairly	Fluently	
What software programs are you familiar with?			
Describe any other skills or training you feel may qualify you for a position in the Authority.			

### MILITARY SERVICE

Date Inducted	Date Separated	Branch	Induction Rank	Separation Rank	Type of Discharge
Military Duties:					

### GENERAL INFORMATION

This agency's major concern is providing decent, safe, and sanitary housing for low-income families, as well as elderly, handicapped, and disabled persons. How do you think you can contribute to our goal?


### EMPLOYMENT EXPERIENCE

Start with present or most recent employer. Give job title and description of your duties and work performed.

Company				Job Title and Duties	
Address					
Phone Number	Start Date	Departure Date	Wage Rate or Salary		
Supervisor's Name		Supervisor's Title and Department		Reason for Leaving	
Company					
Address					
Phone Number	Start Date	Departure Date	Wage Rate or Salary		
Supervisor's Name		Supervisor's Title and Department		Reason for Leaving	
Company					
Address					
Phone Number	Start Date	Departure Date	Wage Rate or Salary		
Supervisor's Name		Supervisor's Title and Department		Reason for Leaving	

### ADDITIONAL INFORMATION

Who referred you to Johnstown Housing Authority?		Were you ever arrested or convicted for other than a minor traffic violation? Explain			
Names of any friends employed by Johnstown Housing Authority:		Names of any relatives employed by Johnstown Housing Authority or who hold an elective position:			
		Name:		Name:	
		Relationship:		Relationship:	
References (not relatives) : Give names of people who have known you for most significant periods of your training or experience.					
Full Name		Address		Occupation	Years Known
In case of emergency, notify:		Relationship		Address	Phone

The information I have furnished on this application form is true and complete. I give the Johnstown Housing Authority the right to investigate my background, and release from liability all persons or corporations supplying information. I understand if any misrepresentation has been made by me, any offer of employment made to me by the company may be withdrawn, or my employment with the company may be terminated. As part of the normal procedure for processing applications, a routine inquiry may be made on the applicant's general reputation and personal characteristics. Disclosure concerning the nature and scope of the investigation is available upon written request.

Date	Signature
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List other names under which school or employment records may be kept

PLEASE ATTACH A COPY OF YOUR RESUME, IF YOU HAVE ONE.

## JOHNSTOWN HOUSING AUTHORITY

### IMPORTANT: PLEASE READ BEFORE SIGNING

1. A condition of employment with the Johnstown Housing Authority is that employees will be transferred for assignment in accordance with the needs of the Authority. I understand that, if hired, refusal of transfer to any Authority location in Cambria County will be considered sufficient cause for dismissal.
2. All employees of the Authority are bound by the Hatch Act, which governs the political involvement of persons working for federally-funded agencies. I understand that, if hired, if I am found to be in violation of this act, I will be subject to dismissal
3. I hereby authorize the Authority to investigate all statements made on this form. I certify that answers given herein are true and complete to the best of my knowledge. If any statements are found to be false, I recognize the Authority's right to refuse to hire or to discharge me immediately.
4. I hereby authorize the references listed herein to give the Johnstown Housing Authority any and all information regarding my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information.
5. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated by the Authority or myself at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director or the Authority.
6. I understand that the Johnstown Housing Authority hires only US Citizens or lawfully-authorized alien workers, and that, if hired, I will be required to submit proof of my status.
7. I understand that the Johnstown Housing Authority maintains a drug-free workplace, and that a condition of hire with the Johnstown Housing Authority will be to pass a physical examination that will include testing for drugs and alcohol.
8. I understand that prior to being offered employment with Johnstown Housing Authority, I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the Authority prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Authority reserves the right to require medical documentation concerning the need for the accommodation.

Signature \_\_\_\_\_