

**MANHATTAN HOUSING AUTHORITY
APPLICATION FOR EMPLOYMENT**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, sex, disability, religion, age, color, national origin or ancestry, or other factors which cannot be lawfully used as a basis for an employment decision. All other information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

Read the following instructions carefully before completing this application for employment. All requested information must be furnished. Fill in all spaces accurately and completely. If an item does not apply to you or if there is no information to be given, write in the letters "N/A" for Not Applicable.

All information contained on the application is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application, removal from eligibility, or discharge from Housing Authority employment.

Please return by mail to Manhattan Housing Authority, P.O. Box 1024—Manhattan, KS 66505 or in person at the Manhattan Housing Authority Administrative Office at 300 N 5th Street—Manhattan, KS.

PERSONAL DATA

(PRINT or TYPE) _____ DATE _____

LEGAL NAME _____ SS# _____

ADDRESS _____
Street/PO Box City State Zipcode

HOME PHONE _____ MESSAGE PHONE _____

Are you over the age of 18? Yes No If no, please state your age _____
(The Kansas Act Against Discrimination, K.S.A. 44-1111 et seq, prohibits discrimination on the basis of age with respect to individuals who are 18 years of age or older.)

If employed, can you provide proof of U.S. citizenship, immigration, or visa status which permits you to be employed in the U.S.? Yes No

Have you ever been convicted of a felony? (Include military convictions) – Yes No

If yes, please explain where, when and reason: _____

Do you have:

A. A valid Driver's License? Yes No Class _____ License # _____

B. A valid Kansas Driver's License? Yes No Class _____ License # _____

NOTE: If a driver's license is required for the position, a motor vehicle operation history inquiry will be made by the Housing Authority. A poor-driving record may disqualify an applicant from consideration for the position. By signing this application, you specifically authorize the Housing Authority to make an inquiry of your driving record.

EMPLOYMENT INFORMATION

Position(s) applied for: _____

Date available for work: _____

Are you available to work: Full-time Part-time Temporary Shift

Are you on lay-off status and subject to recall? Yes No

Have you ever been employed by the Housing Authority? Yes No

If yes, in which position? _____

Dates: From _____ To _____

Do you have any relatives working for the Housing Authority? Yes No

If yes, indicate: Position _____ Relationship _____

EDUCATION/TRAINING

Circle the highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
High School Diploma or G.E.D.? Yes No

Give the following information about the schools you have attended:

SCHOOL	NAME & LOCATION	DEGREE	COURSE OF STUDY/MAJOR
High School	_____		

College/ University	_____		

Graduate School	_____		

Business/ Trade School	_____		

Other	_____		

List or describe any school courses, specialized training, or apprenticeship programs that relate to the position or which you are applying: _____

Licenses, trade or professional registrations, honors, awards, fellowships: _____

List any clubs or organizations that contribute to your qualifications for the position you are applying for, as well as dates of membership and offices held: _____

EMPLOYMENT HISTORY

Beginning with your present job (or immediate past job if unemployed) give the following information:

A. Company _____ Position _____
Address _____ Phone (_____) _____
Dates: From _____ To _____ Salary \$ _____ per _____
Supervisor's name and title _____
Specific duties _____
Reason for Leaving _____

B. Company _____ Position _____
Address _____ Phone (_____) _____
Dates: From _____ To _____ Salary \$ _____ per _____
Supervisor's name and title _____
Specific duties _____
Reason for Leaving _____

C. Company _____ Position _____
Address _____ Phone (_____) _____
Dates: From _____ To _____ Salary \$ _____ per _____
Supervisor's name and title _____
Specific duties _____
Reason for Leaving _____

D. Company _____ Position _____
Address _____ Phone (_____) _____
Dates: From _____ To _____ Salary \$ _____ per _____
Supervisor's name and title _____
Specific duties _____
Reason for Leaving _____

Check one:

- The Housing Authority has my permission to contact any of my present or past employers.
- The Housing Authority may contact any employer except: _____
My reason for this is: _____

List or describe any work activities not stated above that are related to the position you are applying for: _____

Have you ever supervised a group of employees? Yes No If yes, indicate in which job, the number of employees and the extent of your responsibility: _____

MILITARY SERVICE

Have you served in the U.S. Armed Forces? Yes No Dates: From _____ To _____

Branch of service: _____

Special training: _____

Specific duties: _____

SKILL INVENTORY

Indicate if you can:

- A. Type WPM _____ C. Do Word Processing E. Data Entry
B. Transcribe from a Dictaphone D. Do bookkeeping/accounting

List any tools, machines or equipment you can operate: _____

List any other skills you have including professional licenses: _____

The space below can be used to give any additional information you believe is necessary.

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW.
I hereby certify that all the statements contained here are true to the best of my knowledge and I understand that omissions or misstatements may be used for rejection of the is application, removal of my name from eligibility list, or discharge from Housing Authority service. It is my responsibility to keep the Division of Personnel advised about my changes of address, etc.

Signature _____ Date _____

Attachment to Application for Employment
Authorization/Release of Information Form

Please read and initial each paragraph below. If there is any part of this page you do not understand, please consult the Human Resources Department about it before signing.

_____ I hereby authorize the Manhattan Housing Authority, Manhattan, Kansas to thoroughly investigate my references, employment history, education, background, criminal convictions, and other matters related to my suitability for employment. (Criminal convictions are by no means an automatic bar to employment.) I further authorize my current and former employers to disclose to the Manhattan Housing Authority any and all information pertaining to my employment with them, without giving me prior notice of such disclosure. I further authorize any and all parties having information related to my suitability for employment with the Manhattan Housing Authority of Manhattan, Kansas to disclose such information to the Manhattan Housing Authority, without giving me prior notice of such disclosure. In addition, I hereby release my current and former employers, other associates, authorized references, and all other persons having information related to my suitability for employment with the Manhattan Housing Authority of Manhattan Kansas, from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure(s).

_____ I understand that if offered employment, and if applicable to my position, the offer will be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this statement, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical as may be required. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer. (*Some positions require pre-employment testing or medical exams. This should not be construed as an attempt to solicit medical information.*)

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and The Manhattan Housing Authority of Manhattan, Kansas.

_____ I understand that if offered employment, I will, as a condition of employment, be required to establish employment authorization and identity and proof of my legal right to work in the United States on my first day of employment. I also understand that, if employed by the Manhattan Housing Authority, I will be required to provide ongoing proof of my legal right to work.

_____ I understand that proof of age may be required for applicants under eighteen (18) years of age.

_____ If the position applied for requires driving a motor vehicle in the course of work, I understand that I will be required to possess a current and valid motor vehicle driver's license. I also understand that any offer of employment is contingent on my ability to be covered by the Manhattan Housing Authority's auto insurance, if required for my position.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this statement. I understand that any omission or misstatement on this document, my employment application, or on any documents used to secure employment, shall be grounds for rejection of the application for employment, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that any information obtained through the use of this Authorization/Release of Information Form is for employment purposes only and will be held in strictest confidence by the Manhattan Housing Authority's Department of Human Resources. My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document. A copy of this Authorization/Release of Information Form shall be considered as valid as the original.

Applicant's Printed Name _____ Social Security # _____

Applicant's Signature _____ Date _____

G:\forms\personnel\authorization to release info\new hire