

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY:

Please print in ink or type the requested information in the spaces provided. If additional space is required, use separate sheets of paper. Fill the application out completely and accurately. Failure to complete the application may result in disqualification, and a decision to employ you could be affected by the information you give us. Resumes will be accepted but please complete the information on the application.

Filing an application does not imply that the applicant will be employed, even though there is compliance with every requirement.

PERSONAL:

Title or kind of position (job) you desire	Date
Name (last, first, middle)	Home Phone
Street Address	Cell Phone
City, State, Zip	Business Phone
Have you worked for the Warren HRA before? <input type="checkbox"/> yes <input type="checkbox"/> no if so, when:	When will you be available
Are you related, other than as a spouse, to any PHA employee or commissioner? <input type="checkbox"/> yes <input type="checkbox"/> no Name: Relationship:	
Are you currently 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no	Will you accept: yes no Full time work <input type="checkbox"/> <input type="checkbox"/> Part time work <input type="checkbox"/> <input type="checkbox"/> Temporary work <input type="checkbox"/> <input type="checkbox"/>
Have you ever been convicted of a criminal offense? <input type="checkbox"/> yes <input type="checkbox"/> no Do not include convictions that were sealed, eradicated or expunged, or convictions that resulted in referral to a diversion program. Saying yes is not a bar to employment at Public Housing Agency (PHA). Please provide additional information in the space below or an extra sheet, if necessary. The PHA will make an individualized assessment of the information provided, taking into account factors including, but not limited to, the nature of the crime, the time elapsed, the facts and circumstances surrounding conviction, the nature of the job applied for and business necessity. If yes, date and nature of offense	
Answer the following if suitable transportation is required for the job:	Are you legally authorized to work in the USA? <input type="checkbox"/> yes <input type="checkbox"/> no (Proof of US citizenship or work authorization will be required if you are offered a job with the PHA)
Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have a suitable vehicle for work? <input type="checkbox"/> yes <input type="checkbox"/> no	

EDUCATION (If you need more room, please attach a separate sheet of paper):

Do you have a high school diploma or GED equivalency? yes no

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
High School				<input type="checkbox"/> yes <input type="checkbox"/> no	
Business/Trade/Technical/Military				<input type="checkbox"/> yes <input type="checkbox"/> no	
College				<input type="checkbox"/> yes <input type="checkbox"/> no	
Graduate				<input type="checkbox"/> yes <input type="checkbox"/> no	

E PERIENCE: Start with your present job and work back. Include all paid or unpaid, full or part time, military or summer jobs. **Do not mark application see resume** . You may attach a resume in addition to completing this form. Do not mark application "see previous application". You may submit additional sheets in this format if necessary.

Current or most recent employer.

1. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Month/Year Month/Year
 Phone Number: _____ Hours per week: _____
 Your Job Title: _____ Beginning Salary: \$ _____
 Supervisor: _____ Ending Salary: \$ _____
 Reason for leaving: _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

May we contact this employer? yes no

2. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Month/Year Month/Year
 Phone Number: _____ Hours per week: _____
 Your Job Title: _____ Beginning Salary: \$ _____
 Supervisor: _____ Ending Salary: \$ _____
 Reason for leaving: _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

3. Name of Organization: _____
 Name of Dept./Div.: _____
 Address: _____
 Phone Number: _____
 Your Job Title: _____
 Supervisor: _____
 Reason for leaving: _____

Employment Dates:
 From: _____ To: _____
 Month/Year Month/Year
 Hours per week: _____
 Beginning Salary: \$ _____
 Ending Salary: \$ _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

4. Name of Organization: _____
 Name of Dept./Div.: _____
 Address: _____
 Phone Number: _____
 Your Job Title: _____
 Supervisor: _____
 Reason for leaving: _____

Employment Dates:
 From: _____ To: _____
 Month/Year Month/Year
 Hours per week: _____
 Beginning Salary: \$ _____
 Ending Salary: \$ _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

5. Name of Organization: _____
 Name of Dept./Div.: _____
 Address: _____
 Phone Number: _____
 Your Job Title: _____
 Supervisor: _____
 Reason for leaving: _____

Employment Dates:
 From: _____ To: _____
 Month/Year Month/Year
 Hours per week: _____
 Beginning Salary: \$ _____
 Ending Salary: \$ _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

REFERENCES: List 3 references that are not related to you.

Name	Phone Number	Years Known

APPLICANT CERTIFICATION

Before signing this certification, read the following carefully.

1. ALL INFORMATION IS TRUE AND COMPLETE. I certify that all the information I have given on this application is true and complete to the best of my knowledge. I understand that I will not be hired, or will be terminated later, if I give false information or leave out requested information.
2. VERIFICATION. I authorize the PHA to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. AUTHORIZATION TO RELEASE INFORMATION. (Good for one year from this date) I authorize all of my current and past employers to give job related information to the HRA. In addition, I authorize the educational institutions I attended to release my records related to my academic performance. This information is to be used by the HRA to decide whether to hire me. If I am or was a tenant of the HRA, the HRA may also use information from my employers to check if I am or was eligible for housing assistance. I hereby release the Warren HRA from any and all liability from whatsoever nature by reason of requesting such information from any person.
4. CHANGES TO INFORMATION. I understand that I must notify the HRA in writing of any changes to information I have given on this application.
5. JOB TESTS. I understand that I may be required to take one or more tests to help the HRA decide whether to hire me. Some tests may show my personal fitness, job skills and other qualifications for particular jobs.
6. WAIVER OF CLAIMS FOR INJURIES OR DAMAGES. If the HRA permits me to take job-related tests, I waive any claims I might have against the HRA or its agents or employees for personal injuries or property damage related to my taking the tests. I accept personal liability for any risks involved in the tests.
7. DATA PRIVACY. I have read the Privacy Statement (Tennessee Warning) on the back of this page.
8. PRE-EMPLOYMENT PHYSICAL/CRIMINAL BACKGROUND CHECK. I understand that any offer of employment will be contingent upon satisfactorily passing a pre-employment physical examination and a criminal background check.

Signature: _____ Date: _____

The Warren Housing & Redevelopment Authority will not discriminate against or sanction harassment of any employee or applicant for employment because of race, creed, religion, color, sex, sexual or affectional orientation, national origin or ancestry, age, disability, marital status, citizenship status or status with regard to public assistance.

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the HRA of Warren is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private. (M.S.13.43, Subd. 2) The use of the private data we collect is limited to that necessary for the administration and management of the HRA process. If you become employed by the HRA, the data will be available to:

1. HRA Administration and Board;
2. Internal Revenue Service; and
3. Social Service Administration

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for employment with the HRA. Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You are not required to provide certain information; however, it may be necessary to determine if you qualify for employment. Disclosure of your Social Security Number and Date of Birth is voluntary unless you are hired. If hired, you must disclose your Social Security Number in order to be in compliance with State and Federal Tax Withholding Laws. You are not required to provide your home telephone number; however, we may not be able to employ you in certain jobs where you may be required to come to work on short notice.

Your Name and Address are required information. If you do not supply the required information, the HRA will not be able to consider you for employment.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you;
2. The right to be told the contents and meaning of the data; and
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the HRA Director.

I have read and understand the above information regarding my rights as a subject of government data.

Signature of Applicant

Date

EQUAL EMPLOYMENT OPPORTUNITY DATA

The HRA of Warren is an equal opportunity employer. We are committed to the policy of equal employment opportunity in recruitment, hiring, career advancement and all other personnel practices. To help us comply with Federal and State equal employment opportunity record keeping, reporting and other legal requirements, please answer the questions below. This form will be kept in a confidential file separate from the attached application for employment.

DATE _____

POSITION APPLIED FOR _____

REFERRED BY _____

FULL NAME _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

SOCIAL SECURITY # _____

RACE/ETHNIC GROUP

____ WHITE ____ BLACK ____ HISPANIC

____ ASIAN/PACIFIC ISLANDER ____ AMERICAN INDIAN/ALASKAN NATIVE

Is there any reason why you would be unable to do the essential functions of the job? If so, please explain:

CLAIM FOR VETERANS PREFERENCE
ELIGIBILITY

A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference. To qualify for preference for a competitive exam you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days; or after active military service as defined by MS 197.447; or by reason of disability incurred while serving on active duty and be a United States citizen; or be the spouse of a deceased veteran; or be the spouse of a disabled veteran who, because of such disability is unable to qualify or earn a living.

To qualify for preference on a promotional exam you must be entitled to disability compensation for a permanent service connected disability rated at 50 percent or more; or be the spouse of a veteran who is rated at 50 percent or more disabled and who because of such disability is unable to qualify or earn a living. Persons eligible for such preference may use it only for the first promotion after securing public employment.

If you meet the above eligibility requirements, complete this form and attach a copy of your DD214 form. **You must provide the DD214 in order to receive preference.**

FULL NAME OF VETERAN _____

COMPLETE ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

Did the veteran serve on active military duty without interruption for 181 days or more or qualify under MS 197.447? Yes _____ No _____ Is the veteran a US citizen? Yes _____ No _____

Date of entry into service _____ Branch _____

Date of release from active duty _____

(If reserve unit, submit evidence of service of 181 or more consecutive days.)

Type of Separation: Honorable _____ Medical _____ Other _____

Are you now receiving or are you eligible to receive a monthly veteran's pension based on length of military service? Yes _____ No _____

DISABILITY CLAIM NUMBER _____ Service connected disability _____ %
Currently Existing? Yes _____ No _____ State in which filed _____

SPOUSES OF DECEASED VETERANS: Attach marriage certificate, death certificate and DD214 Form.

Date of Veteran's Death _____ Have you remarried? Yes _____ No _____

SPOUSES OF DISABLED VETERANS: Veteran's present occupation _____

Veteran's Total Earnings from past 12 months of employment: \$ _____

I hereby claim veteran's preference for this examination and swear/affirm that the information on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the HRA of Warren.

Signature _____ Date _____