

Affordable Housing Corporation Employment Application

Name of Applicant (last, first, middle)			
Mailing Address (number and street)			
City:	County	State	ZipCode
E-mail Address:	Date of Birth (MM/DD/CCYY) (If under 18 years)		Social Security Number:
Eligible to work in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	Area code and telephone: ()		Highest Education Level:

Referral Information:
How did you find out about this Employment opportunity?

Education

List below all high schools and post high schools attended. A copy of applicable transcripts may be required.

Name/Location of School	From (MO/YR)	To (MO/YR)	Fields of Study	Number of Semester Hours Completed	Number of Quarter Hours Completed	Diploma (GED) or type of Degree

(For Office Use Only) When education verification completed please sign and date here for verification:

Specialized Training or Classes Relevant to the Job

Title of Specialized Courses	Company/School	Dates Attended	Credits Earned

Criminal History

Have you ever been convicted of a crime, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet.	Notice: A "yes" response will not necessarily eliminate you from consideration for employment.
--	--

Professional Certification

Are you currently certified, registered, or licensed in any profession in Indiana? (If yes, give complete information, including any license or registration number, and attach a copy of certificate if related to the position for which you are applying). <input type="checkbox"/> Yes <input type="checkbox"/> No	License Type and Registration Number	Date of issue (MM/CCYY)	Expiration Date (MM/CCYY)
(For Office Use Only) When verification completed sign and date here for verification:			

Affordable Housing Corporation Employment Application

Work Experience

1. List below, beginning with your most recent position, **all of your work experience**, including military service (specify highest rank held) and all volunteer activities. Attach additional 8-1/2" x 11" sheets of paper if necessary.
2. **If your title and duties changed substantially in the course of your service in any one organization, indicate such changes clearly.**
3. **Experience that cannot be confirmed is not acceptable.**
4. **Please do not submit a resume for this portion of the application.**

Title of present or previous job:	From (MM/DD/CCYY):	To (MM/DD/CCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$	Per	(For Office Use Only) Employment Verified by:
Title of present or previous job:	From (MM/DD/CCYY):	To (MM/DD/CCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$	Per	(For Office Use Only) Employment Verified by:
Title of present or previous job:	From (MM/DD/CCYY):	To (MM/DD/CCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$	Per	(For Office Use Only) Employment Verified by:

Affordable Housing Corporation Employment Application

Have you ever been discharged by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
References (Please do not list relatives as references)	
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
(For Office Use Only) When reference check verification completed sign and date here for verification:	
I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment at Affordable Housing Corporation.	
Signature of Applicant	Date Signed

Equal Employment Opportunity Information

The following information is requested in order to ensure equal employment opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

Part 1 – Race	
Check One:	
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other (specify)
Part 2 – Sex (Gender)	Part – 3 Age
Check One:	Are you over 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Part 4 – Disability	
The government defines an individual with a disability as any person who:	
<ol style="list-style-type: none"> 1. has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working); 2. has a record of such impairment; or 3. is regarded as having such an impairment. 	
In accordance with this definition, do you regard yourself as an individual with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	