

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/YYYY)		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

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.
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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). <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	License Type and Registration Number	Date of issue (MM/YYYY)	Expiration Date (MM/YYYY)

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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/YYYY):	To (MM/DD/YYYY):	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	
Title of present or previous job:	From (MM/DD/YYYY):	To (MM/DD/YYYY):	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.			
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Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
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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	

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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)	Relationship
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	Relationship
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	Relationship
<p>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.</p>	
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"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	

**APPLICANT CRIMINAL BACKGROUND CHECK
RELEASE AND AUTHORIZATION FORM**

I, _____ hereby authorize _____ or other authorized representative of the apartment community bearing this release, or copy thereof, to obtain any information pertaining to criminal court records. I hereby direct you to release such information to _____ or other authorized representative of the apartment community.

I, _____ hereby fully release and discharge _____, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for residency at _____.

Name: _____
First, Middle, Last – Print clearly

Current Address: _____
Street

City, State, Zipcode

How long at this address? _____

Previous Address (if less than one year at above address):

Street

City, State, Zipcode

Other Name / Alias / Maiden Name: _____

Date of Birth: _____ Social Security #: _____

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses?
_____ No _____ Yes. If yes, please provide detailed explanation on the back.

Signature

Date

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found to the person listed above.

A search by _____ revealed that there WAS (records attached) WAS NOT a record found.
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date (month, day, year)
Title	E-mail address	Telephone number ()