## **Affordable Housing Corporation Employment Application**

Name of Applicant (last, first, middle)									
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Mailing Address (number and street)									
		1							
City:		County		State			ZipCode		
E-mail Address:		Date of E	Birth (MM/D	D/YYY)			Social Se	ecurity N	lumber:
Eligible to work in U.S.  Yes No		Area code	and teleph	one:			Highest E	Educatio	n Level:
		( )							
Referral Information:									
How did you find out about this Employment opportunity?									
Employment apportainty.									
			Educati						
List below all high schools and post high schools atte	ended. A cop	by of applicab	le transcrip	ots may be req	luired.				
Name/Location of School	From (MO/YR)	To (MO/YR)	Fields of S	Study	Number Semes Compl	ster Hours	Number of Quarter H Complete	ours	Diploma (GED) or type of Degree
							-		
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	cialized T	raining or	Classes	Relevant	to the	Job			
Title of Specialized Courses			Com	pany/School		Dates	Attended		Credits Earned
		Crimi	nal Histo	ory					
Have you ever been convicted of a crime, other than	minor traffic	violations?		Notice: A "y	es" resp	onse will not	necessaril	y elimina	ate you from
Yes No If yes, provide information (offense, date, sentence) of	n a separate	e, attached sh		consideration	on for em	nployment.			
		Profession		fication					
Are you currently certified, registered, or licensed in a yes, give complete information, including any license attach a copy of certificate if related to the position fo	or registration	on number, ar	nd Licen	se Type and tration Numbe		Date of issu (MM/YYYY)	е	Expirat (MM/Y	ion Date YYY)
☐ Yes ☐ No									

## **Affordable Housing Corporation Employment Application**

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 1-1/2: 111 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 camnot be confirmed is not acceptable.  4. Title of present or previous job:  From (MMDDYYYY):  To (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per vecks:  Name of Employer / Organization and address (number and street, city, state, zip code)  Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.  Reason for Leaving:  From (MMDDYYYY):  To (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per veck:  Name of Employer / Organization and address (number and street, city, state, zip code)  Telephone number (area code)  Per veck:  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:  From (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per veck:  Reason for Leaving:  From (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per veck:  Reason for Leaving:  From (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per veck:  Reason for Leaving:  From (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per veck:  Reason for Leaving:  From (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per veck:  Reason for Leaving:  From (MMDDYYYY):  To (MMDDYYYY):  Approximate number of hours worked per veck:  Reason for Leaving:  From (MMDDYYYY):  To (MMDDYYYY)	Wo	ork Experience					
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	Res	ason for Leaving:		Final Salary			
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## **Affordable Housing Corporation Employment Application**

Have you ever been discharged by any employer?					
Area Code and telephone number ( )  Address (number and street, city, state, zip code)  Relationship  Name of Reference  Area Code and telephone number ( )  Relationship  Name of Reference  Area Code and telephone number ( )  Relationship  Name of Reference  Area Code and telephone number ( )  Relationship  Name of Reference  Area Code and telephone number ( )  Relationship  Lertify 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 this application, or any accompanying data, may result in my dismissal from any position in 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 complet voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information will not be rejected if you choose not to disclose the requested information.					
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Check One:					
☐ White ☐ Hispanic ☐ Asian or Pacific Islander					
☐ Black ☐ American Indian or Alaskan Native ☐ Other (specify)					
Part 2 – Sex (Gender)					
Check One:					
☐ Male   ☐ Female     Are you over 40?   ☐ Yes     ☐ No					
Part 4 – Disability  The government defines an individual with a disability as any person who:  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?   Yes   No					

## APPLICANT CRIMINAL BACKGROUND CHECK RELEASE AND AUTHORIZATION FORM

l,	hereby authorize	or
	presentative of the apartment community bearing this r	
•	mation pertaining to criminal court records. I hereby dire	•
	or other authorized	representative of the
apartment commun	nity.	
l,	hereby fully release and discharge	
	, their employees, agents, attorney,	
	aims and damages arising out of or relating to any invest idency at	igations of my
Name:		_
First, Middle	e, Last – Print clearly	
	treet	_
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Ci	ity, State, Zipcode	
How long at this ad	dress?	<u> </u>
<u> </u>	f less than one year at above address):reet	_
Cit	ty, State, Zipcode	_
Other Name / Alias	/ Maiden Name:	
Date of Birth:	Social Security #:	
Have your ever bee	en convicted for any crime, including sex-related or childs. If yes, please provide detailed explanation on the back	-abuse related offenses?
Signature	Date	_
	FOR LAW ENFORCEMENT USE ONLY	
	ust complete the below information and return this form, along with any record for revealed that there WAS (records attach	found to the person listed above.  ned) WAS NOT a record found.
search by(name of	law enforcement agency) revealed that there was (records attach	ieu, was ivot a tecoru toutia.
nature of person completing che	ck Printed name of person completing check	Date (month, day, year)
tle	E-mail address	Telephone number