



Tioga County & Bradford County Housing Authorities

APPLICATION FOR EMPLOYMENT

(Please Print)

PERSONAL	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
	PREVIOUS NAME(S) USED (INCLUDING MAIDEN NAME)			SOC. SEC. NO.
	STREET ADDRESS		APT/ UNIT #	HOME TELEPHONE NO.
	CITY, STATE, ZIP			BEST TIME TO CALL
	TYPE OF WORK DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			DESIRED SALARY
	POSITION APPLIED FOR			DATE AVAILABLE TO BEGIN WORK
	Are you able to perform the "essential functions" of the job for which you are applying with or without reasonable accomodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	if necessary for the job, are you able to work overtime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? (Proof of eligibility will be required)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you at least 18 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY - Please begin with your current or most recent employer. You may attach a resume, but you must also complete this section.

1	COMPANY	TELEPHONE NO.
	ADDRESS	JOB TITLE
	SUPERVISOR NAME AND TITLE	EMPLOYMENT DATES FROM: TO:
	JOB RESPONSIBILITIES	SALARY START: FINAL:
	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	COMPANY	TELEPHONE NO.
	ADDRESS	JOB TITLE
	SUPERVISOR NAME AND TITLE	EMPLOYMENT DATES FROM: TO:
	JOB RESPONSIBILITIES	SALARY START: FINAL:
	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	COMPANY	TELEPHONE NO.
	ADDRESS	JOB TITLE
	SUPERVISOR NAME AND TITLE	EMPLOYMENT DATES FROM: TO:
	JOB RESPONSIBILITIES	SALARY START: FINAL:
	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

HIGH SCHOOL	NAME AND ADDRESS OF HIGH SCHOOL		NUMBER OF YEARS COMPLETED
	CONCENTRATION/ AREA OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
COLLEGE	NAME AND ADDRESS OF COLLEGE OR UNIVERSITY		DATES ATTENDED FROM: TO:
	CONCENTRATION/ AREA OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE
OTHER	NAME AND ADDRESS AND TYPE OF SCHOOL		DATES ATTENDED FROM: TO:
	CONCENTRATION/ AREA OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE

ANSWER	If necessary for the job you are applying, do you possess a valid Driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you willing to travel if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever been terminated from a job, or asked to resign in lieu of being terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any other skills, abilities or certifications you possess relevant to the position(s) you are applying for.

SKILLS	
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ANSWER	<p>Have you ever been convicted for a crime? (Exclude convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. (This company will not deny to any applicant solely because the person has convicted a crime. The company, however, may consider whether the offense is relevant to the duties of the position applied for).</p>
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REFERENCES- Please list at least three (3) professional references

1	Full Name and TITLE	RELATIONSHIP
	COMPANY	PHONE NO.
	ADDRESS	YEARS KNOWN
2	Full Name and TITLE	RELATIONSHIP
	COMPANY	PHONE NO.
	ADDRESS	YEARS KNOWN
3	Full Name and TITLE	RELATIONSHIP
	COMPANY	PHONE NO.
	ADDRESS	YEARS KNOWN

PLEASE READ AND SIGN

DISCLAIMER	<p>I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.</p> <p>I authorize any person or organization listed on this application to furnish you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize Tioga Bradford Housing and Redevelopment Authority to request and receive such information.</p> <p>I also acknowledge that my status is "at-will" meaning employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the organization or myself.</p> <p>It is the policy of Tioga/ Bradford County Housing Authority to provide equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender expression, marital status, status with regard to public assistance, status as a disabled veteran and/or veteran status of the Vietnam Era, or any other characteristic protected by federal, state or local law.</p>	
	SIGNATURE:	DATE:

CONSENT	<p>I understand that a requirement for employment with Tioga County & Bradford County Housing Authority is the successful completion of drug testing to determine the presence of illegal drugs in my body. I understand that a positive test will disqualify me at this time for further consideration of employment. By my signature below, I hereby agree and consent to provide a urine sample at a facility designated by the Housing Authority; I hereby consent to have the sample tested for the presence of illegal and legal drugs. I authorize the release of test results to Tioga/ Bradford County Housing Authority in its use for evaluating me for employment; and I release the Tioga/ Bradford County Housing Authority from any and all liability and claims incident to such sample taking, testing, and use of test results. I understand and agree if I begin employment prior to taking this test or prior to the results being received, I will be a temporary and contingent employee until such time as I successfully complete the drug test.</p>	
	SIGNATURE:	DATE: