

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Post Office Box 159

200 South Martin Luther King, Jr. Avenue

Salisbury, North Carolina 28145-0159

(704) 636-1410

TO APPLICANT: We appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT PLAINLY)

Date _____

Name _____
Last First Middle

Previous or Maiden Name(s) _____

Social Security No. _____ Telephone No. _____

Present Address _____ How long? _____
Street City State Zip

Previous Address _____ How long? _____
Street City State Zip

Driver License #/State _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ___ No ___ If no, can you provide proof of eligibility to work?

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Salary desired _____

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent:

I

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

II

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

III

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

IV

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes ___ No ___

Employer II? Yes ___ No ___

Employer III? Yes ___ No ___

Employer IV? Yes ___ No ___

RECORD OF EDUCATION

School	Name and Address of School	Course of study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X						
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY HISTORY

Have you served honorably in the Armed Forces of the United States? Yes ____ No ____

Branch	From		To	
	Mo.	Yr.	Mo.	Yr.

CRIMINAL HISTORY

Using the numbers below, please indicate whether you have been arrested for or convicted of any crimes relating to the following:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Homicide/Murder 2. Rape or Child Molesting 3. Burglary/Robbery/Larceny 4. Threats or Harassment 5. Destruct. Of Prop./Vandalism 6. Assault or Fighting 7. Drug Trafficking/Use/Possession | <ol style="list-style-type: none"> 8. Child Abuse/Domestic Violence 9. Public Intox./Drunk and Disorderly 10. Receiving Stolen Goods 11. Fraud 12. Prostitution 13. Disorderly Conduct 14. Other |
|--|---|

Enter “None” if No Arrests or Convictions:

Crime(s) #	Disposition/Year	County/State

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes ____ No ____

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ____ No ____

If yes, what is the best time to call? _____

What is your business telephone number? _____

Will you need any modifications/accommodations due to a disability to allow you to perform the essential functions of the job for which you have applied? Yes ____ No ____

If so, please describe _____

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing same to you. I have read the attached Federal Fair Credit Reporting Act Disclosure and authorize, by my signature below, the investigation of any credit record and police record.

I understand and agree that, if hired, a six (6) probationary period will apply to my employment. I further agree that if I am employed, my employment is for no definite period and may be terminated at any time, for any or no reason, without prior notice.”

Signature

Date

EMPLOYMENT HISTORY (Continuation)

List below present and past employment, beginning with your most recent:

V

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

VI

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

VII

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

VIII

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Yr.	Mo.	Mo	Yr.				
	Describe the work you did:							
Telephone								

ATTACHMENT I

GENERAL

- Yes ____ No ____ Have you ever applied with us before?
If yes, when? _____
- Yes ____ No ____ Have you ever been employed with us before?
If yes, when? _____
- Yes ____ No ____ Do you have a relative or friend employed with us?
If yes, who? _____
- Yes ____ No ____ If applying for a position that requires driving, have you ever
been ticketed for a moving traffic violation?
If yes, when? _____
Nature of violation _____
- Yes ____ No ____ Are you a citizen of the United States?
- Yes ____ No ____ If no, does your immigration status permit you to work?
Proof must be provided: Visa, green card, Social Security card,
and driver's license.
- Yes ____ No ____ Are you currently on "layoff" status, subject to recall?

Any special job-related skills and qualifications from employment or other experience:

Foreign Language(s) _____

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Professional, Trade, Business, or Civic Organizations/Offices

You may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

ATTACHMENT II

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that the Salisbury Housing Authority may obtain a consumer report or an investigative consumer report during the processing of your application for employment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or present/former employers for the purpose of determining your qualifications for the position for which you have applied.

These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, and personal characteristics.

Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature below will serve as such authorization.

Applicant Name (Printed)

Applicant Signature

Date

ATTACHMENT III

**PERSONAL IDENTIFICATION
INFORMATION RELEASE**

It is the policy of the Housing Authority of the City of Salisbury to obtain credit/criminal history information prior to employment. This information is a prerequisite to employment. In order to obtain credit/criminal history, the following personal identification information is needed.

Full Name: _____ Date of Birth: _____

Previous or Maiden Name(s), if any: _____

Social Security No.: _____ Driver's License #/State: _____

Present Address: _____
City County State Zip

Previous Address: _____
City County State Zip

Previous Address: _____
City County State Zip

The undersigned applicant for employment hereby agrees and understands that the provision of personal identification information is required for the sole purpose of obtaining criminal/credit history information and that such information will be used for no other purpose. By signing this document below, the undersigned hereby releases and forever discharges the Prospective Employer from the use of such information.

Signature: _____ Date: _____

ATTACHMENT IV

Employment Verification: E-Verify Disclosure

You are hereby notified that the Salisbury Housing Authority will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

Employee's Name (Printed)

Employee's Signature

Date