



INDIANAPOLIS HOUSING AGENCY EMPLOYMENT APPLICATION

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, material or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Telephone Number (s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? [] Yes [] No

Have you ever filled out an application with us before? [] Yes [] No
If Yes, give date _____

Have you ever been employed with us before? [] Yes [] No
If Yes, give date _____

Are you currently employed? [] Yes [] No

May we contact your present employer? [] Yes [] No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment [] Yes [] No

On what date would you be available for work? _____

Are You available to work: [] Full Time [] Part Time [] Shift Work [] Temporary

Are you currently on "lay-off" status and subject to recall? [] Yes [] No

Can you travel if a job requires it? [] Yes [] No

Have you been convicted of a felony?
Conviction will not necessarily disqualify an applicant from employment [] Yes [] No

If Yes, Please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills - Check Skills / Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production / Mobile	
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX system	Machinery (list)	Other (list)
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word	_____	_____
	<input type="checkbox"/> Excel	_____	_____
	<input type="checkbox"/> Access	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached.

_____ Yes _____ No

References

1. _____ () _____
(Name) Phone #

(Address)
2. _____ () _____
(Name) Phone #

(Address)
3. _____ () _____
(Name) Phone #

(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that they employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization, and approved by the Board of Commissioners.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title

Hourly Rate

Salary _____ Department _____

By _____

NAME AND TITLE

DATE

NOTES: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered for: _____

Date _____

NOTES:

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____