

Norman Housing Authority

Application for Employment

The Norman Housing Authority is an equal opportunity employer. Those applicants requiring reasonable accommodation to the application and or interview process should notify Norman Housing Authority personnel.

Name _____ Date of Application ____/____/____
Last First Middle

Address _____
Street City State Zip Code

Telephone #_(____)_____ Cellular/Other Phone #_(____)_____ Email Address _____

AM
 If necessary, the best time to call you is.....:_____PM

Home Cellular/Other

Referral Source (Please check the appropriate category and list the source)

Walk-in _____ Employee _____

Advertisement/Newspaper _____ Other _____

Have you ever submitted an application here before..... Yes No
 If **yes**, give date(s) and position(s): _____

Have you ever been employed here before..... Yes No
 If **yes**, give dates: From____/____/____ To____/____/____

Is this application a request for reemployment following an extended leave of absence from this company?
 Yes No

Are you legally eligible for employment in this country..... Yes No

Date available for work____/____/____ What is your desired salary range or hourly rate of pay?_____ Per_____

Type of employment desired: Full – Time Part – Time

Will you work overtime if required?..... Yes No
 If **no**, please explain: _____

Have you every pleaded “guilty” or “no contest” to or ever been convicted of a crime?..... Yes No
 If **yes**, please provide date(s) and details: _____

Answering “yes” to this question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Will you travel if job requires it?..... Yes No

Employment History

Starting with your most recent employer, provide the following information

Employer	Telephone Number ()		Month	Year	to	Month	Year
Street Address		City	State		Starting Compensation		
Job Title		May we contract for reference? <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		Commission/Bonus/Other Compensation \$	
Immediate Supervisor and Title		Email :		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		Commission/Bonus/Other Compensation \$	
Why did you leave?							
Summarize type of work performed.							
What did you like most about your position?							
What did you like the least about your position?							
Employer	Telephone Number ()		Month	Year	to	Month	Year
Street Address		City	State		Starting Compensation		
Job Title		May we contract for reference? <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		Commission/Bonus/Other Compensation \$	
Immediate Supervisor and Title		Email :		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		Commission/Bonus/Other Compensation \$	
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Employer	Telephone Number ()		Month	Year	to	Month	Year
Street Address		City	State		Starting Compensation		
Job Title		May we contract for reference? <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		Commission/Bonus/Other Compensation \$	
Immediate Supervisor and Title		Email :		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		Commission/Bonus/Other Compensation \$	
Why did you leave?							
Summarize type of work performed.							
What did you like most about your position?							
What did you like the least about your position?							

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on the previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Please list any special training, skills, licenses and/or certifications you may possess that will aid you in the position applying for:

Computer Skills (Check appropriate boxes and include software and years of experience)

- | | |
|---|---|
| <input type="checkbox"/> Word Processing _____ Years: _____ | <input type="checkbox"/> Spreadsheet _____ Years: _____ |
| <input type="checkbox"/> Presentation _____ Years: _____ | <input type="checkbox"/> E-mail _____ Years: _____ |
| <input type="checkbox"/> Internet _____ Years: _____ | <input type="checkbox"/> Other _____ Year: _____ |
| <input type="checkbox"/> Other _____ Year: _____ | <input type="checkbox"/> Other _____ Year: _____ |

Educational Background

Starting with your most recent school attended, provided the following information.

School (include City and State)	Years Completed	Completed	GPA <small>Class Rank</small>	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of years known
			()		
			()		
			()		

Professional Organizations and Special Accomplishments

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal age, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration, I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

The NHA does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The NHA likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The NHA takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____