

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Jackson Housing Commission (JHC) is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, JHC may terminate the employment relationship at any time, for any reason, with or without cause or notice.

Last Name	First	Middle	Date:
Street Address, Apt. No.			Home Telephone:
City, State, Zip			Business Phone:
Position/s Desired			Date available for employment:
If yes, month and year	/ Position /	□ yes □no	
	ployee or board member of th , please name	_	
	out reasonable accommodat		
If hired, can you submit ve ☐ yes ☐ no	erification of eligibility for empl	oyment in the United States	?
•	y language other than Englis	sh? Please state language a	and check boxes that apply.
□ read □ speak □ wr	ite	—————————————————————————————————————	ak □ write

School:	Name & Location:	Course of Study:	# Years Completed	Did you Graduate?	Degree/Diploma:
Graduate Work				☐ yes	
				□ no	
College				☐ yes	
				□ no	
Vocational/Technical				☐ yes	
				□ no	
High School				☐ yes	
				□ no	

Organization:	Location:	Certification:	Certification Date:	Date Certified Though:

EMPLOYMENT HISTORY

Please give an accurate complete full-time and part-time employment record; start with your present or most recent employer. If additional space is required, please attach additional sheets to this form.

Company Name:	Telephone:
Address:	Employed From: Month / Year
	Employed To: Month / Year
Name of Supervisor:	Beginning Pay: Per:
	Ending Pay: Per:
Job Title and Duties:	Reason for Leaving:
Company Name	Tolophonou
Company Name:	Telephone:
Address:	Employed From: Month / Year
	Employed To: Month / Year
Name of Supervisor:	Beginning Pay: Per:
	Ending Pay: Per:
Job Title and Duties:	Reason for Leaving:
Company Name:	Telephone:
Address:	Employed From: Month / Year
	Employed To: Month / Year
Name of Supervisor:	Beginning Pay: Per:
	Ending Pay: Per:
Job Title and Duties:	Reason for Leaving:
Company Name:	Telephone:
Address:	Employed From: Month / Year
	Employed To: Month / Year
Name of Supervisor:	Beginning Pay: Per:
	Ending Pay: Per:
Job Title and Duties:	Reason for Leaving:

PROFESSIONAL REFERENCES

Please list three references who have first-hand knowledge of your work. Do not list persons related to you.

Name		Address	Phone	Title/Position	
	AE	DDITIONAL INFO	PRMATION		
ase list any additional s		el would be an asse	et to this position.	A resume may be included, but	t ma

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Jackson Housing Commission (JHC) may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If JHC has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the JHC's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with JHC's policies and applicable federal, state, and local law.

If employed by JHC, I understand and agree that JHC, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment, or if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, JHC OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER. EMPLOYEE OR REPRESENTATIVE OF JHC IS AUTHORIZED TO ENTER INTO AN AGREEMENT- EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT

FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE EXECUTIVE DIRECTOR OF JHC. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF JHC, AND I UNDERSTAND THAT JHC HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize JHC or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state. or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding JHC's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to JHC, or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability JHC and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize JHC to provide truthful information concerning my employment to future employers and hold JHC harmless for providing such information.

If hired by JHC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIX MONTHS . IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

APPLICANT 5 SIGNATORE

Please read this section carefully before signing your application:

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the information I disclosed in this application, a related résumé or a personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I agree that this signed waiver can be mailed or faxed to any former employers or persons contacted for reference and that my faxed signature will serve as an original.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Truny understand and accept an te	and conditions in the above statement.
Date	Signature

If filing electronically, please check this box to indicate agreement. \Box

I fully understand and accept all terms and conditions in the above statement

NOTICE TO ALL APPLICANTS

Jackson Housing Commission complies with the rules and regulations contained in Title VII of the Civil Rights Act of 1964, Title II of the Educational Amendments of 1972, Section 504 of the Rehabilitation Acts of 1973, and the Americans with Disabilities Act of 1990. Prospective employees will receive consideration without discrimination on the basis of sex, race, color, religious creed, national origin, ancestry, age, marital status, pregnancy, physical or mental ability, medical condition, veteran status, actual or perceived sexual orientation, or any other reason prohibited by State and Federal law.

EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Received by:			
Comments:	Personnel Department	Date	_

How did you learn about this position?

Newspaper
Bulletin or job posting (where located?)
Internet listing (which website?)
Career Placement Center (name?)
Referred by employee (name?)
Other (specify)