

CHARLESTON HOUSING

P.O. Box 86, Charleston, WV 25321

**EMPLOYMENT
APPLICATION**

Phone 304-348-6451

DATE:

TO THE APPLICANT: We appreciate your interest in becoming a part of our team and assure we are sincerely interested in your qualifications. To obtain a clear understanding of your background and work history, this application must be filled out accurately and completely. Your application will be retained on active file for a period of six weeks.

PERSONAL INFORMATION	Name _____				(Last)	(First)	(Middle)
	Address _____				(Street)	(City)	(State) (Zip)
	Previous Address: _____				(Street)	(City)	(State) (Zip)
	Position Desired: _____						
	Have you ever applied for employment with us? ___ Yes ___ No Month & Year				Home Phone:		
	Are you legally eligible for employment in the Unites States? ___ Yes ___ No				Business Phone:		
Will you work overtime if asked? ___ Yes ___ No				Social Security No.:			
When will you be available to work _____				How did you learn about this position?			
Are you available for full time work? ___ Yes ___ No				_____			
If not, what hours can you work? _____				_____			

EDUCATION	Circle the highest grade completed: K 1 2 3 4 5 6 7 8 9 10 11 12 GED (Above) ?					
	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS	DID YOU GRADUATE?	
	Graduate					
	College					
	Business/ Trade/ Technical					
	High School					

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Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

E M P L O Y M E N T H I S T O R Y	1	Company Name	Telephone ()	
		Address	Employed - (State month and year) From To	
		Name of Supervisor	Weekly pay Start Last	
		State Job Title and Describe Your Work		Reason for Leaving
	2	Company Name	Telephone ()	
		Address	Employed - (State month and year) From To	
		Name of Supervisor	Weekly pay Start Last	
		State Job Title and Describe Your Work		Reason for Leaving
	3	Company Name	Telephone ()	
		Address	Employed - (State month and year) From To	
		Name of Supervisor	Weekly pay Start Last	
		State Job Title and Describe Your Work		Reason for Leaving
	4	Company Name	Telephone ()	
		Address	Employed - (State month and year) From To	
		Name of Supervisor	Weekly pay Start Last	
		State Job Title and Describe Your Work		Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employers Number(s) _____

Reason(s) _____

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During the last 10 years were you fired from any job for any reason; did you quit after being told you would be fired; or did you leave by mutual agreement because of specific problems? Yes _____ No _____
 If yes, please describe:

Please indicate experience and knowledge in the following areas if applicable:

WORK EXPERIENCE	Years of Experience	Knowledge		
		Some	Much	Journeyman
Carpentry, rough				
Carpentry, finish				
Masonry				
Roofing				
Painting				
Plumbing				
Heating Systems				
Gas Piping				
Gas Appliances				
Electrical Wiring				
Power Equipment				
Motor Vehicle Repairs				
Grounds Maintenance				
Building Maintenance				
Equipment Maintenance				

SPECIAL SKILLS/ LICENSES

List significant work accomplishments, special qualifications or training, specific interests:

List any office equipment you operate: _____ Do you type? Yes _____ No _____ WPM _____

List any shop or maintenance equipment you operate: _____

List any professional or occupational license you hold: _____

If applicable, list other occupational skills you possess: _____

JOB ACCOMMODATION

"You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. On the other hand, if you want the employer to consider special arrangements or accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation you believe would be appropriate."

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MILITARY

Did you serve in the U.S. Armed Forces? Yes No
 If "Yes," in what Branch of Service? _____ Rank _____

Dates of Service: Start _____ End _____ Type of Discharge _____

Are you a Vietnam-era veteran? Yes No

Describe any military training received which you believe may be useful in the position for which you are applying. _____

ADDITIONAL INFORMATION

Do you have a valid West Virginia Driver's License? Yes No
 Special Chauffeur's License? Yes No

Have you been found guilty of a moving violation within the past 3 years? Yes No
 If yes, please explain fully _____

*Note: For insurance purposes, Charleston Housing drivers are subject to a motor vehicle records check.

Have you ever been convicted of a criminal offense of any kind? Yes No
 If yes, provide date of conviction and list offenses _____

*Note: The existence of a criminal record does not constitute an automatic bar to employment.

Do you presently own rental property? Yes No If yes, please explain _____

Do you have any contracts with Charleston Housing through the HUD Rental Assistance Programs?
 Yes No If yes, please explain _____

Do you have an interest in any company which conducts business with Charleston Housing?
 Yes No If yes, please explain _____

Do any of your relatives work for Charleston Housing, the City of Charleston, Kanawha County, the State of West Virginia, or U.S. Government? Yes No If yes, list: Parents; spouse; children; brothers and sisters and their spouses or children; daughter or son-in-law; grandparents; step-parents; step-children; or any relative residing in the same household.

Name	Relationship	Position	Agency

Are you or any of your relatives WV elected officials? Yes No : If yes, list name, relationship and elected office.

Name	Relationship	Elected Office

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APPLICANT INFORMATION (OPTIONAL)

The following information is requested for a legally permissible reason, including, without limitation, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship.

Have you ever been bonded? YES _____ NO _____
 If yes, with what employers? _____

State names of friends working for us.

Have you ever been denied a surety bond?
 Yes _____ NO _____

Are you a U.S. Citizen?
 Yes _____ No _____

PROFESSIONAL AND CHARACTER REFERENCES

List 4 persons not previously listed who are not related to you, but have knowledge of your character, work experience, or education.

Name	Address	Occupation/Business	Phone

Have you ever worked for Charleston Housing under a different name? Yes _____ No _____
 If yes, please explain _____

SIGNATURE

The information provided in the Employment Application is true, correct, and complete. I understand that, if employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that this application is not an offer of employment. If I am hired, I understand that I would be an Employee-At-Will. This means Charleston Housing could terminate my employment with or without notice and with or without cause. I agree to be an at-will employee if hired. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date _____

Signature _____

EMPLOYMENT APPLICATION**DISCLAIMERS**

Charleston Housing is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, disability, familial status, or other protected groups under state, federal, or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. I hereby authorize Charleston Housing to make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Charleston Housing, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by Charleston Housing at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agreed to submit to search of my person or of any desk or locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physical exam necessary to determine my ability to perform my duties before my employment and during my employment. I authorize any testing for drugs as may be required as screening before my employment and during my employment.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday, or rotation of work locations and/or positions. I understand and accept these conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is offered. I acknowledge that if I am employed, my employment will be at will and may be terminated without cause at any time by Charleston Housing or me.
6. I understand that if I am employed, such employment is for no definite period of time and that Charleston Housing can change salary, wages, benefits, and conditions at any time.
7. Conflict of Interest provisions through programs of Charleston Housing restrict an employee's eligibility to participate in contracts, political activities, and other areas that might result in financial gain. I understand that these restrictions will apply during my employment and for one year thereafter.

I have read, understand, and agree to the above conditions of employment.

Date: _____

Signature: _____