



Application for Employment

Please **PRINT** clearly in blue or black ink

Application will be active for 30 days from the date of completion.

Position Applied For: _____ Date: _____

Name: _____
LAST FIRST MI

Address: _____
STREET CITY STATE ZIP

Phone # _____ Message # _____ Social Security # _____

Date available to start work: _____ Shifts available: days Preference: full time
 evenings part time
 nights temporary

Are you legally entitled to work in the United States? Yes No
(Proof of right to work in the U.S. will be required if hired.)

Have you been convicted of a felony in the last seven years other than a minor traffic violation? Yes No
(A conviction will not necessarily disqualify you from employment.)

If yes, explain: _____

Have you worked for this company before? Yes No If yes, when? _____

How did you hear of this opening? Newspaper ad Internet Walk-in
 Agency Friend/relative—who? _____ Other

Were you known by any other name at any job or school listed on this application? Yes—what name? _____ No

Why are you interested in this position? _____

What makes you a strong candidate for this position? _____

Education:

	School name and location	Years completed	Graduated?	Degree
High School			Y / N	
College			Y / N	
College			Y / N	
Business/Trade			Y / N	
Business/Trade			Y / N	

Skills:

Typing _____ wpm Computer: _____ Other skills related to position: _____
 Dictation equipment Software used _____
 Ten Key __ touch __ sight Accounting _____
 Shorthand _____ wpm Other _____

Employment History: *Start with most recent position and list all prior positions. Attach another sheet of paper if necessary.*

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	_____

Account for time between positions:

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	_____

Account for time between positions:

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	_____

Account for time between positions:

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	_____

Please provide two additional professional references:

Name _____ Relationship _____ Phone # (____) _____
Name _____ Relationship _____ Phone # (____) _____

I certify that information given on this application is true and complete to the best of my knowledge.

I authorize Low Income Housing Institute (LIHI) to investigate all statements contained in this application and to request information about me from previous employers and educational institutions. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision.

I understand that LIHI cannot make any guarantees that my application will be considered for any or all open positions they may have, or that my application will be considered for any specific length of time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I also understand that I am required to abide by all current and subsequently issued rules and regulations of LIHI and that employment is for no definite period and may be terminated, at any time, with or without notice, by either party.

Signature of Applicant

Date

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, sexual orientation, gender identity, or political ideology. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name: _____ Date: _____
LAST FIRST MI

Position Applied for: (List *only one*) _____

What is your race/ethnic origin?

- White
- Hispanic
- American Indian/Alaskan Native
- Black/African American
- Asian/Pacific Islander

What is your gender?

- Male
- Female

WAIVER

Authorization to obtain records and other information for employment purposes

To the applicant: This form must be filled out completely. Leave no blanks. Direct any questions to the employment office. **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I hereby authorize Low Income Housing Institute to utilize the services of an outside agency to make an investigation of my personal employment history, education and financial and credit records. I understand that these investigations will include information of public record, which could include DMV records; civil and criminal court records; county, state and federal tax liens; notices of default and bankruptcies, and other records as may be appropriate. Previous employment references will also be verified. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Yes _____ No _____
Signature & Date Signature & Date

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

PLEASE PRINT CLEARLY

Name <i>Last</i>	First	Middle
Other Names Used	Maiden names, aliases, nicknames	Phone
Address		Date of Birth
City/State/Zip		Social Security Number
Driver License Number	State	Type

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, Low Income Housing Institute may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment, or (4) making other employment-related decisions directly affecting you.

A credit history will only be obtained for those positions that have access to LIHI finding.

In accordance with the Fair Credit Reporting Act of 1996, if employment is denied based either wholly or partly because of information contained in that report you may, within a reasonable period of time, request a complete and accurate disclosure of the nature and scope of the information requested as well as a written summary of your rights under the Fair Credit Reporting Act. This disclosure will be made to you within five days of the date on which we receive your request or five days after the date the report was first requested, whichever is later.

For explanation purposes, a “consumer reporting agency” is a person or business, which on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below I voluntarily authorize Low Income Housing Institute to obtain either a consumer report and/or an investigative consumer report about me from a consumer reporting agency in order to consider me for employment. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

(Signature)

(Date)

(Print name)