

GREENFIELD HOUSING AUTHORITY

APPLICATION FOR EMPLOYMENT

IMPORTANT! Please Read Carefully Before Completing Application

- Please read and answer every question in this application yourself, as completely and accurately as possible. **Do not** omit any answers. “See Resume” is not an acceptable response to any of the questions; however, a resume may be attached. An unsigned or incomplete application will **not** be processed.
- In order to ensure qualified applicants equal opportunity for employment and advancement, Greenfield Housing Authority (“GHA”) takes affirmative action to prohibit discrimination on the basis of race, color, religion, national origin, ancestry, sex, age, disability, sexual orientation, marital status, children, genetic information, and veteran status. If you require an accommodation in order to participate in any phase of the application process, because of a physical or mental disability, please make that fact known and a reasonable accommodation shall be made.
- It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
- In order to be considered as an applicant for employment, you must apply for a specified open position. Individuals that submit applications that do not specify the open position for which they are applying are not considered applicants and will not be considered for employment.

Personal Information

Date of Application:	Position Applied For:
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Name:

Address:

City:	State:	Zip:
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Telephone No.:	
(Home)	(Cell/Other)

	YES	NO
If hired, can you provide proof of citizenship or an unrestricted legal right to work?	<input type="checkbox"/>	<input type="checkbox"/>
If under 18, can you furnish a work permit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you employed now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, may we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you on layoff or subject to recall by another employer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you filed an application with GHA in the past?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Have you ever been employed by GHA?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Have you ever been employed by another local housing authority?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when and where? _____		
Position held: _____		
Are you related to any GHA Board Member or Employee?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name and relationship: _____		

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Education

Type of School	School Name & Location	Area of Study	Graduated? Yes or No	Degree Received

Other Skills

Please list any skills, qualifications, licenses, certifications, or specialized training that you have completed that would be relevant to the position applied for:

Availability

Available Start Date:	
Availability: (Full-time, Part-time, Temporary, Seasonal)	
Are there any hours, days or shifts you cannot work? If yes, please specify:	
Are you willing to work overtime as required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Transportation

Do you have reliable transportation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid Massachusetts' Driver's License? (if the position for which you are applying requires you to drive)	Yes <input type="checkbox"/> No <input type="checkbox"/>

References

Please list three professional references who are familiar with your work. Please do not list relatives or friends.			
Name	Address	Telephone No.	Occupation

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Employment History

Please provide a **complete** full-time and part-time employment record, starting with your present or most recent employer. You may include any verified work performed on a volunteer basis. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability, marital or military status, genetic information, sexual orientation, or any other legally protected status. A resume or supplement sheet may be included, however this section must be completed.

Employer's Name:		Telephone No:	
Address:			
City, State, Zip:			
Employed from:	to	Starting Salary:	Ending Salary:
Job Title:		Supervisor's Name:	
Reason for Leaving (be specific):			
Duties Performed:			
Employer's Name:		Telephone No:	
Address:			
City, State, Zip:			
Employed from:	to	Starting Salary:	Ending Salary:
Job Title:		Supervisor's Name:	
Reason for Leaving (be specific):			
Duties Performed:			
Employer's Name:		Telephone No:	
Address:			
City, State, Zip:			
Employed from:	to	Starting Salary:	Ending Salary:
Job Title:		Supervisor's Name:	
Reason for Leaving (be specific):			
Duties Performed:			
Employer's Name:		Telephone No:	
Address:			
City, State, Zip:			
Employed from:	to	Starting Salary:	Ending Salary:
Job Title:		Supervisor's Name:	
Reason for Leaving (be specific):			
Duties Performed:			

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Acknowledgement and Authorization

Please read all the information in this section and then sign in the indicated area. This will allow Greenfield Housing Authority to accept and retain this application.

- I hereby certify that the information given in this Application for Employment has been given by me, and that each entry made by me is **true and complete** to the best of my knowledge and understanding. I understand that the making of false, misleading or incorrect statements will be sufficient cause for immediate termination upon discovery thereof regardless as to when discovered, if employed by GHA; or that no further consideration for employment will be given to me, if an applicant or if seeking rehire or reinstatement.
- If employed by GHA, I agree to abide by its rules, policies and regulations, as they exist or as they may be modified or amended from time to time. I understand that neither this application form, nor any other communication by GHA's representatives, written or oral, is intended in any way to create an employment contract binding on either party and that no one other than the Executive Director has any authority to make a contract regarding any benefit, condition or term of employment with me or to make any expressed or implied commitment, concerning benefits, conditions or terms of employment that are at variance with published GHA policy or that is to serve as an individual arrangement in the absence of published company policy. I understand that representations made by the Executive Director are only binding if made in writing.
- I acknowledge that if employed, I am employed at-will and my employment and compensation may be terminated, with or without cause, and with or without notice, at any time at the option of either GHA or myself unless there is a collective bargaining agreement or an individual agreement with other provisions to which my employment is subject.
- I authorize GHA to make inquiry of any of my present (unless otherwise noted) or former employers or references, as to my employment, compensation, experience, job suitability, education, or reasons for leaving; and any inquiry to any other agency, institution, or person about any information provided by me in this, my Application for Employment, or during any interview that I may be given. Such inquiries may include my driving record. I authorize persons listed as references or previous employers (unless otherwise noted) to provide information concerning me to GHA. I release any such source and GHA from any liability regarding information of a truthful nature that may be provided to GHA. Information in violation of state or federal fair employment practice laws will not be sought or used by GHA.
- If I am extended a conditional offer of employment, I agree to take a physical examination, including tests to determine drug use, when required by GHA at no personal expense and agree that the examining physician may disclose to GHA or its representatives the results of such examination.
- If I am extended a conditional offer of employment, I understand that GHA will conduct a Criminal Offender Record Inquiry ("CORI").
- I understand that if I am employed, I will be required to show proof of citizenship or other evidence to show that I have an unrestricted legal right to work in the United States.

I hereby acknowledge that I have read and understand the preceding statement.

Signature

Date

Printed Name

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OPTIONAL

Affirmative Action Information Request

The information below is requested as part of the Greenfield Housing Authority's commitment to its Affirmative Action/Equal Employment Opportunity policies . The data is for periodic government reporting and will be kept in a confidential file separate from your Application for Employment, available only to authorized personnel.

All applicants will be considered without regard to any answers provided. The information is voluntary and refusal to provide it will not result in any adverse treatment or have any bearing on our employment decision.

Date of Birth: _____

Gender: Male Female

Ethnic Origin: White (non-Hispanic)
 Black (non-Hispanic)
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Cape Verdean
 Other: _____

Veteran?: Yes No

Vietnam Era:
(1962-1975) Yes No

Disabled?: Yes No

Job Classification
Applied For: Administrative
 Maintenance
 Management