



HOUSING AUTHORITY OF THE CITY OF NEW HAVEN
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

Department of Human Resources
P.O. Box 1912
New Haven, Connecticut 06509-1912

Telephone: (203) 498-8800

TDD Number: (203) 497-8434

Fax: (203) 497-8202

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, marital or veteran status, sexual orientation, disability or any other legally protected status. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply the applicant will be employed or interviewed for employment. If you need assistance in completing this application due to a disability, appropriate assistance will be provided.

DATE OF APPLICATION _____

() RESUME ATTACHED
This Application must also be completed.

Position you are applying for today _____.

REFERRAL SOURCE:

- () Advertisement () Friend
() Relative () Employee Referral Name _____
() State Employment Job Service () Walk In
() School/College () Other-Specify _____

PLEASE ANSWER EVERY QUESTION, USE INK AND PRINT CLEARLY

NAME (First) (Middle) (Last)

(Current Street Address) (City) (State) (Zip Code)

() () ()
(Mobile Number) Home Phone (include area code) Alternate Number (include area code)

If necessary, best time to call you at home is _____ () a.m. () p.m.

May we contact you at work? () Yes () No

If yes, work number and best time to call () _____ () a.m. () p.m.
Area Code Phone No. Time

Are you at least 18 years of age? () Yes () No

If employed, and you are under 18, can you provide the required proof of your eligibility to work? () Yes () No

IF YOU HAVE FILED AN APPLICATION WITHIN THE CURRENT CALENDAR YEAR - CONTACT THE HUMAN RESOURCES DEPARTMENT. DO NOT COMPLETE THIS APPLICATION UNLESS INFORMATION PREVIOUSLY GIVEN HAS SIGNIFICANTLY CHANGED.

Have you ever been employed here before? () Yes () No
If yes, give date _____.

Reason for termination: _____

Are you currently employed? () Yes () No

Are you related to any employee of the Housing Authority? () Yes () No

If yes, give Name: _____ Relationship: _____

Are you legally eligible for employment in this country? () Yes () No

(Proof of citizenship or immigration status will be required upon employment.)

Are you a United States citizen? () Yes () No

On what date would you be available to work? _____
Month Day Year

Are you applying for: () Full Time () Other: _____
(Explain)

Will you work overtime if asked? () Yes () No

Would you work Saturday or Sunday if asked? () Yes () No

MILITARY SERVICE

Branch of Service _____.

Period of Active Duty (Month and Year) From _____ To _____.

Describe Duties and job-related training in the United States Military?

EDUCATION

<u>SCHOOL</u>	<u>NAME & LOCATION OF SCHOOL</u>	<u>COURSE OF STUDY</u>	<u>NUMBER OF YEARS COMPLETED</u>	<u>DID YOU GRADUATE, WHAT YEAR?</u>	<u>DEGREE OR DIPLOMA</u>
HIGH					
GRADE EQUIVALENCY DEGREE (G.E.D)					
TECHNICAL OR VOCATIONAL					
COLLEGE					
GRADUATE					
OTHER (SPECIFY)					

List other Seminars, Specialized Courses, Specialized Schools and Subjects related to the job for which you are applying:

Indicate what Foreign Languages (other than English) you speak, read and / or write:

<u>CATEGORY</u>	<u>LANGUAGE</u>	<u>FLUENTLY</u>	<u>GOOD</u>	<u>FAIR</u>
SPEAK				
READ				
WRITE				

Would you be willing to serve as an interpreter? () Yes () No

SKILLS

Indicate Skills you have by checking below:

YES	NO		YES	NO
___	___	Key Adding Machine / Calculator	___	___
___	___	Bookkeeping	___	___
___	___	Accounting	___	___
___	___	Filing:	___	___
	___	___Alphabetical	___	___
	___	___Numerical	___	___
___	___	Typing (W.P. M.) _____	___	___
___	___	Electronic Spread Sheet	___	___
___	___	Receptionist	___	___
___	___	Switchboard	___	___

YES	NO		TYPES
___	___	Computers	_____
___	___	Programming	_____
___	___	Operating – Personal Computer	_____
		List Software Used	_____

Summarize any other special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Start with your present or last job and work back listing all paid or unpaid, full or part-time and summer jobs performed during the last 10 years. Work performed more than 10 years ago may be listed if it applies to the job you want. (If more space is required, attach additional sheets or resume, if available.)

1. Employer				Work Performed
Address		City, State, Zip		
Telephone Number (s)		Length of Service		
		Start	End	
Job title	Supervisor			
Reason for Leaving				
2. Employer				Work Performed
Address		City, State, Zip		
Telephone Number (s)		Length of Service		
		Start	End	
Job title	Supervisor			
Reason for Leaving				
3. Employer				Work Performed
Address		City, State, Zip		
Telephone Number (s)		Length of Service		
		Start	End	
Job title	Supervisor			
Reason for Leaving				
4. Employer				Work Performed
Address		City, State, Zip		
Telephone Number (s)		Length of Service		
		Start	End	
Job title	Supervisor			
Reason for Leaving				

May we contact your present employer? () Yes () No

By listing the employer(s) above you have given us permission to contact that employer(s) unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer(s) _____ List Number(s) (from the box above): _____

Reason(s) _____
 For not contacting former Employer

SUMMARY STATEMENT

Please summarize your professional growth thus far and your future ambitions, and give any reasons you feel you are especially suited for this position.

PRE-EMPLOYMENT STATEMENT

I certify all statements made on or in connection with this Application are true, complete and correct to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect the application unfavorably. I authorize and give my permission to my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that The Housing Authority and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of incomplete, false or inaccurate statements, omissions or answers made by me on this application, on the attached resume, interview(s), or in the process of my pre-employment evaluation. The Housing Authority is hereby authorized to make any investigation of my prior educational and employment history.

This application for employment shall be considered active for a period of time not to exceed one calendar year. Any applicant wishing to be considered for employment beyond this time period should complete a new application.

The applicant understands that neither this document nor any offer of employment from The Housing Authority constitute and employment contract unless a specific document to that affect is executed by The Housing Authority and the employee in writing.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States within the first three working days of my employment.

My signature below indicates that I have read, and understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application and any supplements to it.

Should I be considered for employment, I hereby authorize a pre-employment drug test by The Housing Authority physician. Additionally, I authorize The Housing Authority to supply my employment record, in whole or part, to any prospective employer, government agency or other party with legal and proper interest.

Signature of Applicant _____ Date _____

REFERENCES

Please list any employment references you feel would be able to give information pertinent to this position. Please indicate whether you prefer these references to be contacted before or after you interview(s) with the agency.

Name _____ Relationship _____
Address _____
Telephone ____ (____) _____ Years Known _____ (____) _____ (____) _____
Before After

Name _____ Relationship _____
Address _____
Telephone ____ (____) _____ Years Known _____ (____) _____ (____) _____
Before After

Name _____ Relationship _____
Address _____
Telephone ____ (____) _____ Years Known _____ (____) _____ (____) _____
Before After

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AUTHORIZATION TO RELEASE INFORMATION

**AUTHORIZATION TO RELEASE INFORMATION
PLEASE SIGN ALL SIGNATURE BLANKS**

I hereby authorize any of my previous employers to provide any and all information concerning my previous employment and pertinent information they may have such as length of employment, position(s) held, final pay rate, my ability, strengths, weaknesses, conduct, effort, attendance, reason for termination and rehire status. In connection with this request, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, former employers and the Military Services to release information they may have about me to the person or company with which this form has been filed, or their agent, Fidelifacts of Connecticut Confidential Research, and release them from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I will provide further information upon written request with in a reasonable period of time. I do hereby release previous employers and other information sources from all liability for any damage whatsoever for issuing requesting information. I understand that the Housing Authority of the City of New Haven may act upon my application for employment on the basis of information received, among other matters, and release the Authority from any liability in doing so.

Signature of Applicant

Date

**AUTHORIZATION TO RELEASE INFORMATION
PLEASE SIGN ALL SIGNATURE BLANKS**

I hereby authorize any of my previous employers to provide any and all information concerning my previous employment and pertinent information they may have such as length of employment, position(s) held, final pay rate, my ability, strengths, weaknesses, conduct, effort, attendance, reason for termination and rehire status. In connection with this request, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, former employers and the Military Services to release information they may have about me to the person or company with which this form has been filed, or their agent, Fidelifacts of Connecticut Confidential Research, and release them from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I will provide further information upon written request with in a reasonable period of time. I do hereby release previous employers and other information sources from all liability for any damage whatsoever for issuing requesting information. I understand that the Housing Authority of the City of New Haven may act upon my application for employment on the basis of information received, among other matters, and release the Authority from any liability in doing so.

Signature of Applicant

Date

**HOUSING AUTHORITY OF THE CITY OF NEW HAVEN
FAIR CREDIT REPORTING ACT CONSUMER
DISCLOSURE AND
GENERAL AUTHORIZATION**

In connection with my application for employment with the Housing Authority of the City of New Haven (hereinafter call "Authority") I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended ("FCRA"), 15 U.S.C. 1681 et seq. may be obtained by the Authority from a consumer reporting agency. I further understand that Confidential Research Associates may not give out information about me to the Authority without my written consent. It is also understood that Confidential Research Associates may not report medical information about me without my specific prior consent as to the release of such information, which is in addition to the general authorization herein.

I understand that an investigative consumer report is a special type of consumer report in which information about my character general reputation, personal characteristics, and mode of living is obtained through personal interviews. In the event an investigative consumer report is obtained, I understand that, (a) I am entitled to receive a summary of my rights, and (b) have the right to request additional disclosures provided for below as follows:

Upon my written request to the Authority within a reasonable period of time after my receipt of this Fair Credit Reporting Act Consumer Disclosure and General Authorization and Authority shall make a complete and accurate disclosure of the nature and scope of the investigation requested. It is understood that this disclosure shall be made in writing mailed, or otherwise delivered, to me not later than five (5) days after the date on which the request for such disclosure was received from me or such report was first requested, whichever is later in time.

I hereby authorize the Authority now or at any time while I am employed by the Authority, to obtain a consumer report or investigative consumer report on me, as applicable. This authorization does not include the release of my rights under the FCRA.

Applicant's Signature

Today's Date

Print Name

I understand that the Housing Authority of the City of New Haven will request consumer/investigative reports in the following categories.

- | | |
|-----------------------|-------------------------|
| 1. Credit Report | () _____ Your Initials |
| 2. Former Employer(s) | () _____ Your Initials |
| 3. References | () _____ Your Initials |
| 4. Other | () _____ Your Initials |
- Describe _____

Applicant's Signature

Today's Date

Print Name

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer-reporting agency” (AGENCY). Most agencies are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq. at the Federal Trade Commission’s Internet web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from an AGENCY to take action against you – such as denying an application for credit, insurance, or employment – must tell you and give the name, address and phone number of the AGENCY that provided the consumer report.

You can find out what is in your file. At your request, an AGENCY must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the AGENCY, if you request the report within sixty days of receiving notice of action. Where applicable, you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare or (3) your report is inaccurate due to fraud. Otherwise, an AGENCY may charge you up to eight dollars.

The AGENCY must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the AGENCY’S investigation does not resolve the dispute, you may add a brief statement to your file. The AGENCY must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. An AGENCY must remove or correct inaccurate or unverified information from its files, usually within thirty days after you dispute it. However, the AGENCY is not required to remove accurate data from your file unless it is outdated (as described below) or can not be verified. If your dispute results in any change to your report, the AGENCY must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone such as a creditor who reports to an AGENCY, that you dispute an item they may not then report the information to an AGENCY without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.

Outdated information may not be reported. In most cases an AGENCY may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. An AGENCY may provide information about you only to people with a need recognized by the FCRA usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that contain medical information. An AGENCY may not give out information about you to your employer, or prospective employer, without your written consent. An AGENCY may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from AGENCY lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the AGENCY form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If an AGENCY, a user or (in some cases) a provider of AGENCY data, violates the FCRA, you may sue them in state or federal court.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(PLEASE READ CAREFULLY)
(ANY QUESTIONS, PLEASE ASK RECEPTIONIST)

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements including Affirmative Action obligations. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. All information will be kept confidential except that supervisors may be informed regarding work restrictions or first aid personnel may be informed should emergency treatment be necessary.

Date _____

Position(s) applied for _____

Referral Source:

Advertisement Employee Relative Walk-In School Government Employment Agency

Private Employment Agency Other _____

Name of Source (If Applicable) _____

APPLICANT'S NAME _____ ()
Last First Middle Area Code Phone

ADDRESS _____
Street City State Zip Code

CHECK ONE: Male Female

Check one of the following race / ethnic groups:

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

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran Disabled

ACCOMMODATIONS

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without a reasonable accommodation, the essential functions and activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation can be provided.

_____YES _____NO

Describe any reasonable accommodations which could be made for you:

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION