



Greene Metropolitan Housing Authority  
538 N. Detroit Street  
Xenia, Ohio 45385  
376-2908 429-7736  
376-2487: Fax

## EMPLOYMENT APPLICATION

GMHA is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, national origin, handicap, religion, age, color or political affiliation.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: Advertisement Friend Relative Internet Other \_\_\_\_\_

Dayton Daily News Springfield News-Sun Other newspaper

(PLEASE PRINT)

Name \_\_\_\_\_  
LAST FIRST MIDDLE-

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Phone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Area Code

Have you filed an application here before? Yes No Date \_\_\_\_\_

Have you ever been employed here before? Yes No Date \_\_\_\_\_

Do you want to work: Full-time Part-time Shift work

Specify days and hours available if Part-time \_\_\_\_\_

What are your employment intentions? Less than 1 year \_\_\_\_\_ 1-2years \_\_\_\_\_ Indefinitely \_\_\_\_\_

Do you have the legal right to live and work in the U.S.? Yes No

Are you over 18? Yes No

Are you willing to take a physical exam at our expense if the nature of the job requires one? Yes No

Have you ever been convicted of a felony? (NOTE: A conviction will not necessarily ban you from employment. Each conviction will be judged on its own merits with respect of time, circumstances, seriousness and based on the position for which you are applying). Yes No

If yes, explain \_\_\_\_\_

Do you possess a valid Driver's License? Yes No  
 If yes, what State issued the license? \_\_\_\_\_ What is the License No. \_\_\_\_\_

Can you travel if a job requires it? Yes No Restrictions? \_\_\_\_\_

Do you have any physical or mental defects or impediments which might, in any way, hinder your ability to perform the job for which you have applied? \_\_\_\_\_

Are you a veteran? Yes No

Give name, address and phone number of three professional references not related to you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

EDUCATION	High School	College/Trade School	Graduate/Professional
School Name			
Years Completed: (Circle)	8 9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course Of Study:			
Describe Specialized Training, Apprenticeship, Skills, Certifications and any Extra Curricular Activities relevant to the position you are applying for.			

Emergency information: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Employment Experience**

List each job held. Start with your Present or Last job, include military service assignments and significant volunteer activities.

1. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			
2. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			
3. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			
4. Employer		Dates		WORK PERFORMED
		FROM	TO	
City/State				
Job Title		Hourly Rate/Salary		
		STARTING	FINAL	
Supervisor				
Phone	REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper. Attach resume' if desired.

Please check employers we may not contact. 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_ 4. \_\_\_\_

Are there any other pertinent facts you would voluntarily like to tell us which, in your opinion, may help us to evaluate your qualifications for the job you are seeking? If so, please list these in the space provided below. Please remember that we are an Equal Employment Opportunity Employer and are not interested in receiving comments which may be construed to be discriminatory in nature.

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PRE-EMPLOYMENT RELEASE  
PLEASE READ CAREFULLY

APPLICATION WILL NOT BE ACCEPTED IF THIS IS NOT SIGNED

I solemnly swear and affirm that the answers I have made to each and all questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she has acquired relevant to my employment, and hereby consent that he or she may disclose such knowledge or information to the Greene Metropolitan Housing Authority (GMHA). I understand that this application may raise questions regarding my past work record, and that GMHA may wish to make inquiry regarding this, so that my qualifications for employment may be reviewed. **By signing this waiver, I expressly authorize GMHA to make an inquiry of any party, agency or employer concerning my work record, job qualifications and performance. I authorize any former employers to furnish GMHA with this information upon their request.** I recognize the right of GMHA to treat, at its discretion, certain sources of information as confidential.

\*If your records may be under any other name, please include that name below.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies and regulations of GMHA.

I understand that this employment application is not a contract of employment, and any individual who is hired may voluntarily leave employment upon proper notice, and can be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

**By signing this waiver, I expressly authorize GMHA to obtain records of my criminal and civil convictions, driver's license and commercial driver's license records as necessary so that my qualifications for employment may be reviewed.** In the event that I am hired, I also authorize GMHA to continue to obtain this information during my employment with the GMHA.

PRINTED NAME \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ \* Other Name \_\_\_\_\_

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

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INTERVIEW \_\_ YES \_\_ NO DATE \_\_\_\_\_ Time \_\_\_\_\_

Result of Interview \_\_\_\_\_

Position \_\_\_\_\_ Starting Rate \_\_\_\_\_ Start Date \_\_\_\_\_

Interviewed by: \_\_\_\_\_

\_\_\_\_\_

