

# Millville Housing Authority

P.O. Box 803  
Millville, NJ 08332

Date: / /

## APPLICATION FOR EMPLOYMENT

Millville Housing Authority is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process shall notify a representative of the corporation. In order to provide a drug-free workplace, it is the policy of Millville Housing Authority to absolutely prohibit the unlawful manufacture, distribution, dispensations, possession or use by an employee of a controlled substance, drug not medically authorized or any other substance which may impair job performance or public or any other employee. Therefore all applicants must submit to urine drug screen. Based on the above policy, the unlawful manufacture, distribution, dispensation, possession or use of illegal drugs or drugs not medically authorized or any other substance by Millville Housing Authority employees anywhere at work is prohibited and shall constitute just cause for disciplinary action up to and including termination.

I have read, understand and if accepted for employment, agree to the above. \_\_\_\_\_  
Signature of Applicant

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State Zip Code

Telephone #: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements?	_____ Yes	_____ No
Can you travel if required by this position?	_____ Yes	_____ No
Do you have any objection to working overtime if necessary?	_____ Yes	_____ No
Have you ever been previously employed by our corporation?	_____ Yes	_____ No
Can you submit proof of legal employment authorization and identity?	_____ Yes	_____ No
Have you ever been convicted of a crime, disorderly persons offense, misdemeanor or felony in New Jersey or any other state?	_____ Yes	_____ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid N.J. Drivers License? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Does any family member work for this corporation either presently or in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please indicate name and department \_\_\_\_\_

**Millville Housing Authority**  
**Application for Employment**  
**Page 2**

**EMPLOYMENT HISTORY** – Please provide all employment information for the previous four employers starting with the most recent.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**OTHER SKILLS and QUALIFICATIONS**-Summarize any job related training, skills and/or other qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**- List school name and location, years completed, course of study, and any degrees

High School: \_\_\_\_\_  
Name City/State Years Completed Year Graduated

College: \_\_\_\_\_  
Name City/State Years Completed Year Graduated

Technical Training: \_\_\_\_\_  
Name City/State Years Completed Year Graduated

Areas of Specialization, College Major, Degree, etc: \_\_\_\_\_

**Professional Licenses or Certifications:**

TYPE: \_\_\_\_\_ State Issued \_\_\_\_\_ Date \_\_\_\_\_ License# \_\_\_\_\_

TYPE: \_\_\_\_\_ State Issued \_\_\_\_\_ Date \_\_\_\_\_ License# \_\_\_\_\_

TYPE: \_\_\_\_\_ State Issued \_\_\_\_\_ Date \_\_\_\_\_ License# \_\_\_\_\_

**U.S. MILITARY RECORD** (if related to the job you are applying for)

Branch of Service \_\_\_\_\_

Active or Reserve Duty \_\_\_\_\_

Nature of Duties \_\_\_\_\_

**COMMUNITY SERVICE & PROFESSIONAL SERVICE MEMBERSHIP**

Organization/Club \_\_\_\_\_ Position \_\_\_\_\_

Organization/Club \_\_\_\_\_ Position \_\_\_\_\_

**PERSONAL REFERENCES** – List 3 reference names, address, telephone numbers, and years known (do not include relatives or employers):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without a cause, at any time.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_