

NEEDHAM HOUSING AUTHORITY – EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Needham Housing Authority (NHA) to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

PERSONAL INFORMATION

First Name		Middle Initial	Last Name	
Home Telephone Number	Personal Cell Phone Number	Email Address		
Mailing Address				
Street	City	State	Zip Code	
Home Address - if different from mailing address				
Street	City	State	Zip Code	
Are you authorized to work in the U.S. on an unrestricted basis? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Who referred you?				
Current Employee <input type="checkbox"/>				
Employment Agency <input type="checkbox"/>				
Newspaper advertisement <input type="checkbox"/>				
Other Internet job site <input type="checkbox"/>				
Unemployment office/One-Stop Career Center <input type="checkbox"/>				
Other : _____				

EMPLOYMENT DESIRED

Position Applied For	How soon can you start if a job offer is made?
Have you worked for the NHA before? NO <input type="checkbox"/> YES <input type="checkbox"/> Dates:	Starting salary desired
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?	

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EDUCATION

Name of School	City	State	Main Course of Study	Did you Graduate	Degree	Years Attended

List any additional education or training

**PROFESSIONAL REFERENCES
(not personal)**

List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted

COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume. BEGIN WITH YOUR MOST RECENT EMPLOYMENT, INCLUDING ANY PRESENT EMPLOYMENT. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS. ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED.

EMPLOYMENT HISTORY

Are you employed now? Yes No

Company Name		Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	
Job Title		Supervisor		
Specific Duties				
Dates Employed From:		To:	Salary	
Reason for Leaving				

Company Name		Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	

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Job Title		Supervisor	
Specific Duties			
Dates Employed From:		To:	Salary
Reason for Leaving			
Company Name		Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Job Title		Supervisor	
Specific Duties			
Dates Employed From:		To:	Salary
Reason for Leaving			
Company Name		Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Job Title		Supervisor	
Specific Duties			
Dates Employed From:		To:	Salary
Reason for Leaving			

ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE

**RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment. I hereby authorize the NHA to conduct a full investigation into my background.

I authorize the NHA to obtain my previous work records, employment records, education, certification, professional licenses, driver's license and history (if job related), professional references and any other information concerning knowledge, skills, and abilities and all other necessary information. Further I grant authority to the keeper of these records to release said records to the NHA for the purpose of making its hiring decision.

I agree that the NHA shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalties of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that after I accept the job offer and no later than my first day of work, I must complete and sign I-9 form, Section 1 Employee Information and Attestation. I

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understand that I will be required to provide approved documentation that verifies my right to work in the United States within 3 business days of my first day of employment. I have received the list of approved documents with this application.

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employment will be at-will, which means that both the NHA and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date

Printed Name

“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.”
MGL Ch.149, Section 19B

