



**THE HOUSING AUTHORITY
OF THE
CITY OF HAGERSTOWN, MD**

APPLICATION FOR EMPLOYMENT

EXECUTIVE DIRECTOR
JOANNE BALLENGEE

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY AND STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ ARE YOU AT LEAST 18 YEARS OLD? YES ___ NO ___

IF HIRED, CAN YOU PRESENT EVIDENCE OF U.S. CITIZENSHIP OR LEGAL RIGHT TO LIVE AND WORK IN
THE U.S.? YES ___ NO ___

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

RELATIONSHIP TO APPLICANT : _____

EDUCATION

HIGH SCHOOL NAME: _____

ADDRESS: _____ CITY & STATE _____

DID YOU GRADUATE? YES ___ NO ___

COLLEGE OR UNIVERSITY NAME: _____

ADDRESS: _____ CITY & STATE _____

DID YOU RECEIVE A DEGREE? YES ___ NO ___ IF YES, DATE: _____

COURSE OF STUDY: _____

OTHER SCHOOLS OR TRAINING (TRADE, VOCATIONAL, ARMED FORCES, BUSINESS, ETC.) _____

SPECIAL QUALIFICATIONS AND SKILLS (LICENSES, SKILLS WITH MACHINES) _____

EMPLOYMENT HISTORY

LIST CURRENT/MOST RECENT PREVIOUS JOB FIRST:

NAME: _____ ADDRESS: _____
TELEPHONE: _____ DATES EMPLOYED: _____
POSITION: _____ SALARY: _____
DUTIES: _____
REASON FOR LEAVING: _____

NAME: _____ ADDRESS: _____
TELEPHONE: _____ DATES EMPLOYED: _____
POSITION: _____ SALARY: _____
DUTIES: _____
REASON FOR LEAVING: _____

NAME: _____ ADDRESS: _____
TELEPHONE: _____ DATES EMPLOYED: _____
POSITION: _____ SALARY: _____
DUTIES: _____
REASON FOR LEAVING: _____

IF MORE SPACE IS NEEDED FOR PAST EMPLOYMENT, USE THE BACK OF THIS PAGE.

REFERENCES

(OTHER THAN FORMER EMPLOYERS AND RELATIVES.)

	<u>FULL NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICATION CERTIFICATION, CONSENT AND ACKNOWLEDGMENT

READ THE FOLLOWING CAREFULLY BEFORE SIGNING. FALSE STATEMENTS MAY BE GROUNDS FOR NOT EMPLOYING YOU, OR FOR DISMISSING YOU AFTER YOU BEGIN EMPLOYMENT.

CERTIFICATION:

I hereby certify that all of the statements contained in the Application for Employment are true, complete and correct to the best of my knowledge, information and belief. I hereby authorize such inquiry into the statements made in this Application for Employment or during a pre-employment interview, and acknowledge that any false or inaccurate statements may result in discharge.

CONSENT TO EXAMINATION:

I understand that I may be required to pass a physical examination, including a drug test, before a final offer of employment is made. By signing my name below, I consent to these procedures.

CONSENT TO CREDIT CHECK:

I understand that the Authority may conduct a credit check. By signing my name below, I consent to this procedure.

ACKNOWLEDGEMENT OF EMPLOYMENT STATUS:

I understand that any employment relationship with Gateway Crossing/Housing Authority of the City of Hagerstown is "at will", which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at will employment relationship may not be changed by any written document or by any behavior unless the change is acknowledged by the Executive Director of Gateway Crossing/Housing Authority of the City of Hagerstown.

NOTICE

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00

By signing my name below, I acknowledge that I have received and read the foregoing NOTICE,

SIGNATURE

DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

APPLICANT INTERVIEWED: _____

COMMENTS: _____

REFERENCES CHECKED: _____

INTERVIEWER'S SIGNATURE _____

INTERVIEWER'S TITLE _____

DATE EMPLOYED: _____

REASON NOT EMPLOYED: _____

DATE: _____