

**HARRISON HOUSING AUTHORITY**

**EMPLOYMENT APPLICATION**

Employment Application: \_\_\_\_\_  
\_\_\_\_\_

Date:

<b>Applicant Information:</b>			
Name	(Last,	First,	Middle):
_____			
Address: _____			
_____			
City/Town: _____			
_____			
Phone (Work): ( ) _____			
(Home): ( ) _____			
Social Security Number: _____ - _____ - _____			

Position applied for:

\_\_\_\_\_

Have you ever applied to the Housing Authority before: \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you available to work: \_\_\_ Full time \_\_\_ Part time \_\_\_ Shift work \_\_\_ Temporary

Are you currently employed: \_\_\_ Yes \_\_\_ No May we contact you at work: \_\_\_ Yes \_\_\_ No

May we contact your current employer: \_\_\_ Yes \_\_\_ No

Are you currently on layoff status and subject to recall: \_\_\_ Yes \_\_\_ No

Do you possess a current driver's license: \_\_\_ Yes \_\_\_ No PROVIDE COPY.

Do you possess a current commercial driver's license: \_\_\_ Yes \_\_\_ No

Please list any endorsements:

\_\_\_\_\_

If you are under eighteen years of age, can you provide proof of eligibility to work:  Yes  
 No

Are you legally eligible to work in the United States of America:  Yes  No  
Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a crime involving moral turpitude:  Yes  No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

Are you related to anyone currently employed at the Harrison Housing Authority?

If so, please state the name of the individual and the nature of the relationship

**The Harrison Housing Authority is an Equal Opportunity Employer**

**Employment History:** This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:    Yes    No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:    Yes    No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:    Yes    No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:    Yes    No			

**Comments:**

**Education:** Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
Elementary:	5 6 7 8	Yes No	N/A
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

**Languages:** List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

**Special Skills & Experience:** State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

---



---



---



---

**Comments & Additional Information:** Is there any additional information about you we should consider?

---



---



---

**References:** Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

**Understandings and Agreements:**

As an applicant for a position with the Harrison Housing Authority, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Housing Authority later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Harrison Housing Authority the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Housing Authority the right to secure additional job-related information about me. I release the Harrison Housing Authority and its representatives from all liability for seeking such information. I understand that the Harrison Housing Authority is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Housing Authority will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Housing Authority may terminate me at any time in accordance with its established policies and procedures. No representatives of the Housing Authority may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Conditions of Employment:**

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Position Applied For:**

\_\_\_\_\_

**How did you learn about this position?**     Advertisement     Employment  
Agency     Friend     Relative     Walk-in     Other  
(Explain) \_\_\_\_\_

**Information Regarding Status:**

Gender:  
 Male  
 Female

**Equal Employment Opportunity identification groups:**

White  
 African-American (non-Hispanic)  
 Hispanic  
 American Indian/Alaskan native  
 Asian/Pacific Islander  
 Other \_\_\_\_\_

**Other protected Groups:**

Individual with a disability  
 Vietnam-era veteran (served between 1964 and 1975)  
 Disabled veteran

<b>For Housing Authority use only</b>											
Hired: <u>  Yes  </u> <u>  No  </u>	Position _____	Date _____									
<p>Which EEO job classification best describes the position for which the applicant applied?</p> <table> <tr> <td>1. Officials and Managers (skilled)</td> <td>4. Sales workers</td> <td>7. Operators (semi-skilled)</td> </tr> <tr> <td>2. Professionals</td> <td>5. Office and clerical workers</td> <td>8. Laborers (unskilled)</td> </tr> <tr> <td>3. Technicians</td> <td>6. Craft workers (skilled)</td> <td>9. Service workers</td> </tr> </table>			1. Officials and Managers (skilled)	4. Sales workers	7. Operators (semi-skilled)	2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)	3. Technicians	6. Craft workers (skilled)	9. Service workers
1. Officials and Managers (skilled)	4. Sales workers	7. Operators (semi-skilled)									
2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)									
3. Technicians	6. Craft workers (skilled)	9. Service workers									
Housing Authority Official _____											
Date _____											

**This page for Housing Authority use only!**  
**Results of interview**

**Interviewer:**

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







# Housing Authority of the Town of Harrison

HARRISON AND SCHUYLER AVENUES

HARRISON, NEW JERSEY 07029

(973) 483-1488 ♦ FAX (973) 483-4277

## APPLICANT AUTHORIZATION TO OBTAIN REPORTS

I hereby authorize the Housing Authority of the Town of Harrison to obtain reports and any other information it deems necessary, for the purpose of evaluating my application or for lease enforcement. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records and/or any other necessary information.

I hereby release the Housing Authority of the Town of Harrison, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies, including without limitation, various law enforcement agencies in accordance with **24CFR5.903**.

***(Authorized by 24CFR5.903)***

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

*The Housing Authority (or any employee of HUD or the Housing Authority) may be subject to penalties for unauthorized disclosures or improper uses for information collected based on the consent form.*

*The information collected based on the Consent Form is restricted to the purposes cited in 24 CFR5.903. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to penalties as per the 24 CFR5.903.*

*Any applicant or tenant affected by the negligent disclosure information may bring civil action for damages, and seek other relief, as may be appropriate, against an officer or employee of HUD or the Housing Authority responsible for the unauthorized disclosure or improper use.*





# Housing Authority of the Town of Harrison

HARRISON AND SCHUYLER AVENUES  
HARRISON, NEW JERSEY 07029

(973) 483-1488 • FAX (973) 483-4277  
HHA@harrisonhousing.com

## **ADDENDUM to APPLICATION FOR EMPLOYMENT** **STATEMENT OF CONVICTIONS**

To be Completed by Applicant  
(Please print and initial appropriate boxes)

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### **CONVICTIONS (for other than minor traffic violations)**

1. Have you, or anyone who will be a member of your household if you received a dwelling unit, ever been convicted of a **FELONY**?  YES  NO

If you answered yes to question 1, please answer the following for each and every conviction (attach additional pages if necessary):

- a. Name of Person Convicted: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- b. When was the person arrested/ticketed? \_\_\_\_\_  
Month Year
- c. What was the person charged with? \_\_\_\_\_
- d. What was the person convicted of? \_\_\_\_\_
- e. What was the sentence?  
 Fine  Jail or Prison Sentence  Probation
- f. Is the person now on probation for this conviction?  YES  NO  
If YES, Probation Period: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

2. Have you, or anyone who will be a member of your household if you receive a dwelling unit, ever been convicted of a **MISDEMEANOR**?  YES  NO

If you answered yes to question 2, please answer the following for each and every conviction (attach additional pages if necessary):

- a. Name of Person Convicted: \_\_\_\_\_ Social Security #: \_\_\_\_\_



- b. When was the person arrested/ticketed? \_\_\_\_\_  
Month Year
- c. What was the person charged with? \_\_\_\_\_
- d. What was the person convicted of? \_\_\_\_\_
- e. What was the sentence?

Fine       Jail or Prison Sentence       Probation

- f. Is the person now on probation for this conviction?       YES       NO

If YES, Probation Period:      Starting: \_\_\_\_\_      Ending: \_\_\_\_\_

3. Have you, or anyone who will be a member of your household if you receive a dwelling unit, had to register with New Jersey or any other state as a convicted Sex Offender?       YES       NO

If you answered yes to question 3, please answer the following for each and every registered person (attach additional pages if necessary):

a. Name: \_\_\_\_\_      Social Security #: \_\_\_\_\_

b. State: \_\_\_\_\_      When was the person placed on the Registry? \_\_\_\_\_  
Year

4. Are you, or anyone who will be a member of your household if you receive a dwelling unit, currently addicted to a controlled dangerous substance or using illegal drugs?

YES       NO      If "YES" answer the below:

a. Name of Person: \_\_\_\_\_

b. Substance involved: \_\_\_\_\_

c. Has the person sought treatment for this addiction?       YES       NO

If yes how? \_\_\_\_\_

### APPLICANT CERTIFICATION

*WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offence to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.*

I certify that the above information given to the Housing Authority of the Town of Harrison regarding myself or anyone who will be a member of my household should I receive a dwelling unit is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Date



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

[See reverse side for footnotes and instructions]

