**Applicant Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |
|  | *Last* | *First* | *M.I.* |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address: |  |  |  |
|  | *Number* | *Street* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address: |  |  |  |
|  | *Number* | *Street* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

**COMPLETED APPLICATIONS CAN BE DROPPED OFF AT HARRISON HOUSING AUTHORITY, 788 HARRISON AVE., ADMIN. OFFICE, HARRISON, NJ OR**

**EMAIL TO:** [**rlucas@harrisonhousing.com**](mailto:rlucas@harrisonhousing.com)

**Position Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Position of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Would you be interested in temporary employment? | YES | NO |  |
| Do you possess any relevant licenses, certifications, or registrations? | YES | NO | Identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you either a U.S. Citizen or an alien authorized to work in the United States | YES | NO |  |
| Are you 18 years of age or older? | YES | NO |  |
| Do you possess a valid driver’s license? | YES | NO | State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DL No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you fluent in any other languages and willing to communicate in those languages on the job? | YES | NO | Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you a veteran? | YES | NO | Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever previously been employed by the Housing Authority of the Town of Harrison? | YES | NO | Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever previously applied for employment with the Housing Authority of the Town of Harrison? | YES | NO | Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you related to anyone currently working for the Housing Authority of the Town of Harrison? | YES | NO | Name and relationship:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever used any other name(s) different from the name listed above? | YES | NO | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name and Address** | **Years Attended** | **Did you graduate?** | | **Degree Received** | **Major** |
| High School: |  | YES | NO |  |  |
| College or University: |  | YES | NO |  |  |
| Graduate School: |  | YES | NO |  |  |
| Other Formal Training: |  | YES | NO |  |  |

**Employment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name and Address** | | From  (MM/YYYY) | TO  (MM/YYYY) | Type of Employment  Full Time  Part Time | Reason for Leaving |
| Job Title | Supervisor Name and Phone | | Description of Duties | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name and Address** | | From  (MM/YYYY) | TO  (MM/YYYY) | Type of Employment  Full Time  Part Time | Reason for Leaving |
| Job Title | Supervisor Name and Phone | | Description of Duties | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name and Address** | | From  (MM/YYYY) | TO  (MM/YYYY) | Type of Employment  Full Time  Part Time | Reason for Leaving |
| Job Title | Supervisor Name and Phone | | Description of Duties | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name and Address** | | From  (MM/YYYY) | TO  (MM/YYYY) | Type of Employment  Full Time  Part Time | Reason for Leaving |
| Job Title | Supervisor Name and Phone | | Description of Duties | | |

|  |  |  |  |
| --- | --- | --- | --- |
| May the Housing Authority contact all previous employers / supervisors? | YES | NO | Exception(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**References**

*Please list three professional references.*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

**Disclaimer and Signature**

***I understand that, in connection with my application for employment, the Housing Authority may conduct background check(s) regarding my criminal history, driver history, and all other relevant matters. I further understand that the Housing Authority may reject my application for employment based upon the results of any such background check(s).***

***I authorize my former employers to release any information they may have concerning my employment record and I release the Housing Authority and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of the Housing Authority to verify any and all information contained in this application.***

***I CERTIFY that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.***

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Disclosure**

**Regarding Background Check**

The Housing Authority of the Town of Harrison (the “Authority”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your criminal history and/or motor vehicle driver history. The Authority reserves the right to take adverse action against you based in whole or in part upon any information contained within such consumer report.

**Acknowledgement and Authorization**

I have read the above disclosure and hereby authorize the Authority to obtain “consumer reports” regarding my criminal history and/or motor vehicle driver history at any time after receipt of this authorization and throughout my employment. I understand that, in order to ensure proper identification, I am required to provide the below personal identifiers. I further understand that this information will be used for the purpose of performing a lawful criminal history background check and/or lawful motor vehicle driver history check in connection with the employment process and will not be used for any other purpose.

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

Applicant Signature Date

***(Please print legibly)***

1. **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

First Middle Last Maiden (if applicable)

1. **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or P.O. Box City State Zip

1. **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of Birth**: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_
3. **Sex:** \_\_\_ Male \_\_\_ Female \_\_\_ Both
4. **Race**: \_\_\_ Asian or Pacific Islander \_\_\_ Black \_\_\_ American Indian or Alaska Native

**\_\_\_** White \_\_\_ Unknown

1. **Social Security Number**: \_\_ \_\_ \_\_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_
2. **Telephone Number**: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_