

I currently live in Public Housing.

Rochester, NY 14611-2388 Phone 585-697-6168 FAX 585-697-7179

RHA APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate as such.

We are an **Equal Opportunity Employer.** We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify an Authority representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

	Name (First, Middle, Last)	Daytime Telephone Number	ell 🗌 Ho	ome/Work
	Street Address	City		
	State Zip Code			
DATA	Position Applied For	Date Available to Start Work		
	Salary or Hourly Wage Desired	Are you 18 years of age or older?	☐ Yes	🗌 No
APHI	Are you currently employed? Yes No If yes, may we contact your employer to obtain employment information	☐ Yes	□ No	
BIOGRAPHICAL	Have you ever submitted an application and/or interviewed for employment with R If yes, give month and year/	☐ Yes	🗌 No	
	Were you ever removed from public employment? If yes please explain:			□ No
	Do you possess a valid New York State Drivers' License?	☐ Yes	🗌 No	
	Many of our positions require employees to drive on Authority business. If the position you are applying for doesn't require a valid NYS drivers' license, this information will not be used to make a hiring decision.			
	Are you legally eligible for employment in the United States?		🗌 Yes	🗌 No
	Employment eligibility will be verified upon employment.			

	Type of School Attended	Name and of So	l Location chool	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
NAL JND	High School						
EDUCATIONAL BACKGROUND	College						
ED BA	Dates Attended	From	То				
	Other						

	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:	List any certificates, licenses, or professional achievements that would support your qualifications for employment:
SKILLS		

	Branch of Service:	Date Of Entry:
VETERAN	Special Skills:	Date of Discharge: Honorable Discharge

EMPLOYMEN recent employer firs	T HISTORY P t. If you've held mo	rovide employ ore than six (6)	ment inform jobs, provid	ation, inclu e this infor	iding military service, for the last 25 yrmation on another sheet and attach	years, starting with the most to this form.
Name of Employer					Telephone Number	
Address	Street			City	State	Zip Code
Employment Dates (N From /	lonth//Day/Year)	to	1 1		Number of Hours Per Week	Final Hourly Wage/Salary
Job Title of Position(s)				Name and Job Title of Supervisor	
Detailed description of	job duties, responsik	ilities and signi	ficant accomp	blishments		
Reason for leaving						
Name of Employer					Telephone Number	
Address	Street			City	State	Zip Code
Employment Dates (N From/	lonth//Day/Year) /	to	//		Number of Hours Per Week	Final Hourly Wage/Salary
Job Title of Position(s)				Name and Job Title of Supervisor	
Detailed description of	job duties, responsik	vilities and signi	ficant accomp	blishments	1	
Reason for leaving						

Name of Employer	Telephone Number	
Address Street City	State	Zip Code
Employment Dates (Month//Day/Year) From /	Number of Hours Per Week	Final Hourly Wage/Salary
Job Title of Position(s)	Name and Job Title of Supervisor	
Detailed description of job duties, responsibilities and significant accomplishments		
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Job Title of Position(s)	Name and Job Title of Supervisor	
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Address	Street	City	State	Zip Code
Employment Dates (Mo From//	onth//Day/Year) / to	_//	Number of Hours Per Week	Final Hourly Wage/Salary
Job Title of Position(s)			Name and Job Title of Supervisor	
Detailed description of job duties, responsibilities and significant accomplishments				
Reason for leaving				

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Application for Employment Form* is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

After a conditional offer of employment, I understand that a favorable background check must be accomplished prior to starting employment.

Rochester Housing Authority is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date ___

_____ Signature of Applicant _____

My signature above indicates that I am giving permission for RHA employees to contact me by U.S. Mail, phone, email, and/ or text in regard to job opportunities with the Rochester Housing Authority.