



160 HALSTED STREET, 1<sup>ST</sup> FLOOR, EAST ORANGE, NJ 07018  
PHONE (973) 766-8896 • FAX (973) 766-8797

### Application for Employment

The application initiates the employment process and must be completed by each applicant. Resumes may be attached to your application. Please be alert to the following items on the application form:

1. Please state the position for which you are applying. If clerical, note typing speed or keyboarding speed, also list the PC applications you are skilled in and the level of competence (beginner, intermediate, or advanced).
2. Experience is a key factor in the employment process. Please explain your duties, dates of employment and reason(s) for leaving positions held in the past. Please complete this section, even if you attach a resume.

Housing Authority of the City of East Orange is an Equal Opportunity Employer. In the assessment of applicants, the following areas are evaluated:

- ❖ Experience in the position for which you are applying
- ❖ Work record and references
- ❖ Education or equivalent skills
- ❖ Pre-employment skills testing results
- ❖ Pre-employment drug testing
- ❖ Criminal Background Review (after consideration for employment)

All applications are screened to select the most qualified applicants to interview. Individuals selected for interviews are further assessed, and the best-qualified applicant is selected for employment.

Applications are kept active for six months. During this period, you may call and advise us of any changes in your status or phone number. You must reapply to be considered for any other available position(s). It is the Agency's goal to select highly qualified, motivated individuals for employment. Each applicant is judged on individual skills and abilities.

Thank you for your interest in employment with us. If you have any questions, please contact our Human Resources Department.

## Application for Employment

**TO APPLICANT:**

We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Please complete this application in its entirety.

The Housing Authority of the City of East Orange is an Equal Opportunity Employer. The Housing Authority of the City of East Orange does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by federal, state or local laws. ***This application is kept on file for 6 months. At the end of that time, if you have not heard from the Housing Authority of the City of East Orange and wish to continue to be considered for employment, it will be necessary to fill out a new application.***

Date \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Are you 18 years or older?  Yes  No  
No. Street City State Zip

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to contact you \_\_\_\_\_ Type of transportation  Car  Bus  Other

Position applying for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ yearly/hourly

Are you legally eligible to work in the U.S.?  Yes  No Date available for work \_\_\_\_\_

Were you previously employed by us?  Yes  No If yes, When? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Are you a resident of a Housing Authority of East Orange development?  Yes  No

If yes, indicate name of development \_\_\_\_\_

Do you have any relatives working for the Authority?  Yes  No

If yes, please indicate name and relationship \_\_\_\_\_ Are you Section 3 Eligible?  Yes  No

Are you or any members of your family presently participating in any Housing Authority of East Orange Assistance programs, either as a tenant or landlord?  Yes  No If yes, explain.

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform these essential functions with or without reasonable accommodation?  Yes  No

Are there any hours, shifts or days you cannot or will not work?  Yes  No If yes, specify. \_\_\_\_\_

Are you willing to work overtime if required?  Yes  No

Do you possess a valid New Jersey Driver's License?  Yes  No (If yes, indicate license number) \_\_\_\_\_

Indicate name and phone number of a person to contact in case of an emergency \_\_\_\_\_

### MILITARY SERVICE RECORD

Were you in the Armed Forces?  Yes  No If yes, dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

List duties in the service, including special training \_\_\_\_\_

**EDUCATION**

School	Name & Address of School	Course of Study	Dates	Did you Graduate?	List Diploma or Degree
High School			From	<input type="checkbox"/> Yes	
			To	<input type="checkbox"/> No	
College or University			From	<input type="checkbox"/> Yes	
			To	<input type="checkbox"/> No	
Trade or Business			From	<input type="checkbox"/> Yes	
			To	<input type="checkbox"/> No	
Other (Specify)			From	<input type="checkbox"/> Yes	
			To	<input type="checkbox"/> No	

Do you type?  Yes  No Typing Speed \_\_\_\_\_ wpm Do you take dictation?  Yes  No Shorthand \_\_\_\_\_ wpm

List office machines you can operate: \_\_\_\_\_

List any computer programs with which you are familiar: \_\_\_\_\_

What languages besides English can you speak, read or write? \_\_\_\_\_ How well? \_\_\_\_\_

Please indicate any interests, hobbies or membership in any organization that relates to the job for which you have applied: \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would also qualify you for the position for which you have applied? \_\_\_\_\_

**PERSONAL REFERENCES:** (Not former employers or relatives)

I. Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

II. Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

III. Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

May we contact the employers and references listed?  Yes  No If not, indicate by number which one(s) you do not wish us to contact \_\_\_\_\_

May we contact you at work?  Yes  No If yes, work number and best time to call \_\_\_\_\_

**WORK HISTORY**

1. Most Recent Employer	Address	Telephone
Date Started                      Date Left	Starting Position	
Name and Title of Supervisor	Position on Leaving	
Reason for Leaving	Description of Duties	
2. Previous Employer	Address	Telephone
Date Started                      Date Left	Starting Position	
Name and Title of Supervisor	Position on Leaving	
Reason for Leaving	Description of Duties	
3. Previous Employer	Address	Telephone
Date Started                      Date Left	Starting Position	
Name and Title of Supervisor	Position on Leaving	
Reason for Leaving	Description of Duties	
4. Previous Employer	Address	Telephone
Date Started                      Date Left	Starting Position	
Name and Title of Supervisor	Position on Leaving	
Reason for Leaving	Description of Duties	



**PLEASE READ AND SIGN BELOW**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for the Housing Authority of the City of East Orange to withdraw my application from consideration and/or for termination of my employment. I authorize the Housing Authority of the City of East Orange to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Housing Authority of the City of East Orange and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. I understand that the Housing Authority of the City of East Orange follows an employment-at-will policy, in that I or the employer may terminate my employment any time, or for any reason consistent with applicable state or federal law. All employment is continued on that basis. I understand that no representative of the Housing Authority of the City of East Orange has the authority to make any assurances to the contrary.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

A Fair Housing and Equal Employment Opportunity Agency