

**APPLICATION FOR EMPLOYMENT**  
**THE HOUSING AUTHORITY OF THE CITY OF FREDERICK**  
**209 MADISON STREET, FREDERICK MD 21701**

Instructions: Read the Announcement relating to the position and be sure you have the requirements stated. Type or print your answers in ink. Answer every question clearly and completely. All statements are subject to investigation and verification. Where a question does not apply, answer "None". Attach blank continuation sheets where necessary and sign each sheet. Do not send original manuscripts: attach copies only.

<b>1. Name</b> <hr/> Last                      First                      MI	<b>3. Position Applied For</b>  		
<b>2. Address</b> <hr/> Number                      Street                      Apt <hr/> City                      State                      Zip	<b>4. Home Phone</b> (____) _____  <b>Work Phone</b> (____) _____	<b>5. Are you under 18?</b> Yes / No <b>Are you over 70?</b> Yes / No	
	<b>6. Do you have a valid driver's license?</b> Yes / No State ____ Lic. Class ____ Lic. _____	<b>7. Are you now employed by the authority?</b> Yes / No <b>8. When are you available?</b>	

<b>9. Circle highest school year completed:</b> Grammar 1 2 3 4 5 6 7 8 High School 9 10 11 12 G.E.D. Yes / No Year ____	<b>10. Give name &amp; location of grammar school or high school last attended:</b> <hr/> <hr/>	<b>11. Did you graduate?</b> Yes / No
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12. Name & Location of Undergraduate College or University	Major Subject studied - Specify semester/quarter hours credit	Total Sem Hrs	Total Qtr Hrs	Degree Rec'd	Field
13. Name & location of Graduate University	Major Subject studied - Specify semester/quarter hours credit	Total Sem Hrs	Total Qtr Hrs	Degree Rec'd	Field

**14. Complete this item if you have taken courses at a business, trade, armed services or correspondence school.**

Name and location of school	Subject	Total Hours	Total weeks	Date Finished

**15. Have you ever been convicted of a crime? Yes / No (If yes, explain in Box 16 below)**

**16. Remarks.** Use this space to give any special qualifications not covered elsewhere in your application (such as honors, driver's license for a vehicle other than passenger car, other licenses, memberships in professional organizations, technical skills, or special training) or other information requested as part of this application. Please include shorthand and typing speeds (words per minute).

**17. "Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a poly-graph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." I hereby acknowledge that I have read the foregoing statement.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

18. Experience: In block A below, list the required information concerning your present position and then work back, using a separate block for each previous position. If you are now unemployed, enter the word "Unemployed" after "Position" in Block A. If you have had military service, enter it below in its proper sequence. All period of time unaccounted for in the blocks below or on black continuation sheets will be considered periods of unemployment. Be sure to include all related experience. If you were employed under another name, please indicate in box 16.

A. List Details Below	Position	Dates of employment (Month, year) From:                      To:	# of mo.	
	Employer	Address		# of Hours worked per week:
Name, Title and phone number of immediate supervisor:			# of employees supervised	Reason for leaving:

Describe duties, responsibilities and accomplishments:

B. List Details Below	Position	Dates of employment (Month, year) From:                      To:	# of mo.	
	Employer	Address		# of Hours worked per week:
Name, Title and phone number of immediate supervisor:			# of employees supervised	Reason for leaving:

Describe duties, responsibilities and accomplishments:

I hereby certify that every statement I have made in this application is true and correct to the best of my knowledge and belief and I understand that any false or incomplete statement I have made may result in my forfeiting all rights of employment with the authority.

I hereby authorize the authority to obtain from my past employers, education institutions, and or any law enforcement agencies all data needed to support this application. Yes / No

You are to use this continuation form to provide additional information concerning previous positions you have held. It is important for you to furnish all information requested below in sufficient detail to enable the Personnel Department to give you full credit in evaluating your qualifications.

18. Experience: In blocks below, list the required information concerning each previous position. If you have had military service, enter below in its proper sequence. All periods of time unaccounted for in the blocks will be considered period of unemployment. Be sure to include all related experience. If you were employed under another name, please indicate in box 16.

C. List Details Below	Position	Dates of employment (Month, Year) From:                      To:	# of mo.	
	Employer	Address		# of Hours worked per week:
Name, Title and phone number of immediate supervisor:			# of employees supervised	Reason for leaving:

Describe duties, responsibilities and accomplishments:

D. List Details Below	Position	Dates of employment (Month, year) From:                      To:	# of mo.	
	Employer	Address		# of Hours worked per week:
Name, Title and phone number of immediate supervisor:			# of employees supervised	Reason for leaving:

Describe duties, responsibilities and accomplishments:

I hereby certify that every statement I have made in this application is true and correct to the best of my knowledge and belief and I understand that any false or incomplete statement I have made may result in my forfeiting all rights of employment with the authority.

I hereby authorize the authority to obtain from my past employers, education institutions, and or any law enforcement agencies all data needed to support this application. Yes / No

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

(NOTE: UNSIGNED APPLICATION MAY BE REJECTED WITHOUT FURTHER NOTICE)

## HOUSING AUTHORITY AFFIRMATIVE ACTION DATA FORM

The Housing Authority is pursuing an Affirmative Action program to ensure equal employment opportunity in its hiring practice. We are asking you to help us in this effort by completing the Applicant Affirmative Data Form below. Completing the Data Form will assist us in monitoring the effectiveness of our program. THIS FORM WILL BE FILED SEPERATELY FROM YOUR APPLICATION AND WILL NOT BE USED TO DISCRIMINATE IN ANY WAY IN THE EMPLOYMENT PROCESS. The completion of this form is not mandatory; however, your cooperation is appreciated. Thank you.

1) Position Applied For: \_\_\_\_\_ 2) Date \_\_\_\_\_

3) Name \_\_\_\_\_  
Last First MI

4) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5) Sex: \_\_\_\_ Female \_\_\_\_ Male  
Mo. Day. Year.

6) Ethnic Origin  
a) \_\_\_\_ White b) \_\_\_\_ Black c) \_\_\_\_ Hispanic d) \_\_\_\_ Asian or Pacific Islanders  
e) \_\_\_\_ American Indian or Alaskan Native

NOTE: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

White - (Not of Hispanic origin). All persons having origins in any of the original people of Europe, North Africa, or the Middle East.

Black - (Not of the Hispanic origin). All persons having origins in any of the Black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or- All persons having origins in any of the original people of the Far East, Southeast Pacific Islanders Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands and Samoa.

American Indian - All persons having origins in any of the original people of North America or Alaskan Native maintain cultural identification through tribal affiliations or community recognition

7) Handicapped

A) Handicapped: \_\_\_\_ Yes \_\_\_\_ No

B) Handicapping Condition: \_\_\_\_\_

Handicapped is defined as: Any person who is perceived as, has a record of, or is presently physically or mentally limited in performing normal life functions.

8) Veteran: \_\_\_\_ Yes \_\_\_\_ No

If yes, check: \_\_\_\_ Vietnam Era, 1962-1975 \_\_\_\_ Other \_\_\_\_ Disabled

9) How did you hear of the job for which you are applying?

\_\_\_\_ Walk-in \_\_\_\_ Newspaper Advertisements \_\_\_\_ State Employment Services

\_\_\_\_ County Employee \_\_\_\_ Community Action Agency \_\_\_\_ Posted County Job Announcement