



Bring it Together

**Grundy County Housing Authority
Employment Application**

Instructions: Please fill in all the requested information either now, or return this application to us after you have completed it at another location. Please type or print in ink.

Failure to provide all information may result in the delay or elimination of your application from consideration for employment.

Instructions as to where to mail this application, and who to call should you have any questions, are on the last page of this application.

DO NOT FORGET TO SIGN AND DATE THIS FORM.

It is the employment policy of the Grundy County Housing Authority to hire regardless of race, color, national origin, gender, sexual orientation, political or religious creed, age, veteran status or disability.

PERSONAL

| | | |
|--|---------------------------|---|
| Position Applied for: | Social Security #: | Telephone Numbers: |
| | | Home <input type="text"/> |
| Name: Last - First – Middle | | Work <input type="text"/> |
| Address: Number & Street - City - State – Zip | | Pager <input type="text"/> |
| | | Fax <input type="text"/> |
| List Most Recent Previous Address: | | How Long at previous address? |
| | | From <input type="text"/> To <input type="text"/> |

In the space below, list **Any Other Names** under which you have worked, gone to school, served in the military, or obtained licenses, certifications, or degrees:

Upon hire, you must provide **Proof Of Citizenship** or **Employment Eligibility** in accordance with the Immigration Reform & Control Act. If offered employment, can you provide verification of your legal right to work in the United States?

YES NO

If you are **Related** by blood or marriage to any member of the **GCHA Board of Commissioners**, or to any **GCHA Employee**, please list them all in the spaces provided below. Attach a separate sheet if necessary.

| Name of Relative | GCHA Position | Relationship To You |
|-------------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Criminal History Information

When answering the following question, please understand that the presence of criminal history will not automatically disqualify you from employment and each situation is reviewed separately for job relatedness. Criminal record inquiries will be conducted under the provisions of the Illinois Compiled Statutes.

Other than minor traffic infractions, do you have any criminal convictions that **HAVE NOT** been judicially diverted, sealed or expunged, or are you on probation or awaiting a court appearance for a criminal charge? If yes, attach a separate sheet of paper explaining the details, including your probation officer's name and phone number.

YES NO

Have you ever been **Discharged from Employment** or **Resigned in Lieu of Discharge**?

If yes, please explain below. Attach a separate sheet if necessary.

YES NO

Please Explain

Are you a **Resident of Public Housing** and listed on an **GCHA Lease**? YES NO

Are you a **Section 8 Resident or Landlord**? YES NO

Do you have a **Valid IL Driver's License**? YES NO

If **YES**, provide no.

Have you performed **Military Service**? YES NO

Have you **previously Worked for the GCHA**? YES NO

EDUCATION / TRAINING

| School Attended | Name & Address of School | Select Last Year Completed | Did You Graduate? | Units Completed | Major / Degree |
|---|----------------------------------|--|---|---|---|
| High School | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| College/ University | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Graduate School | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Trade School | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Typing Speed | WPM <input type="text"/> | Language Proficiency (Other than English) <input type="text"/> | | Speak <input type="checkbox"/> | Read <input type="checkbox"/> Write <input type="checkbox"/> |
| Word Processing | List Software Proficiency | | | | |
| Computer/PC Experience | Type of Equipment | | | | |
| List Job Related training Licenses or certificates obtained below (attach a separate sheet if necessary): | | Date of latest license or certificate: | | State or other Licensing Agency | |
| | | | | | |
| | | | | | |
| | | | | | |

EMPLOYMENT HISTORY

Instructions: Starting with your most recent employer, please list all paid employment covering the past ten years. Attach additional sheets, if necessary. A resume may be attached to provide the information below, but a resume cannot be substituted for the completion of any other section of this employment application.

| | | |
|----------------------------------|---------------------------|--------------------------|
| Employer | Start Date | Starting Salary |
| Employer's Street Address | End Date | Ending Salary |
| City, State, Zip Code | Supervisor's Name | Telephone Number |
| Position Held | Supervisor's Title | Hours Worked/Week |

Full Description of Job Duties

Reason for Leaving

If Presently Employed, May We Contact Your Employer? Yes No

NEXT EMPLOYER

| | | |
|----------------------------------|---------------------------|--------------------------|
| Employer | Start Date | Starting Salary |
| Employer's Street Address | End Date | Ending Salary |
| City, State, Zip Code | Supervisor's Name | Telephone Number |
| Position Held | Supervisor's Title | Hours Worked/Week |

Full Description of Job Duties

Reason for Leaving

If Presently Employed, May We Contact Your Employer? Yes No

NEXT EMPLOYER

| | | |
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| Employer | Start Date | Starting Salary |
| Employer's Street Address | End Date | Ending Salary |
| City, State, Zip Code | Supervisor's Name | Telephone Number |
| Position Held | Supervisor's Title | Hours Worked/Week |

Full Description of Job Duties

Reason for Leaving

If Presently Employed, May We Contact Your Employer? Yes No

NEXT EMPLOYER

| | | |
|----------------------------------|---------------------------|--------------------------|
| Employer | Start Date | Starting Salary |
| Employer's Street Address | End Date | Ending Salary |
| City, State, Zip Code | Supervisor's Name | Telephone Number |
| Position Held | Supervisor's Title | Hours Worked/Week |

Full Description of Job Duties

Reason for Leaving

If Presently Employed, May We Contact Your Employer? Yes No

ATTACH ADDITIONAL EMPLOYER INFORMATION IF NECESSARY

REFERENCES

Instructions: List below at least two professional references (preferably former employers or supervisors), and one personal reference. Do not list relatives, members of the GCHA Board of Commissioners or GCHA employees.

| | |
|------------------------------|----------------------------|
| Name | Type of Reference |
| Street Address | Relationship to You |
| City, State, Zip Code | Telephone Number |
| <hr/> | |
| Name | Type of Reference |
| Street Address | Relationship to You |
| City, State, Zip Code | Telephone Number |
| <hr/> | |
| Name | Type of Reference |
| Street Address | Relationship to You |
| City, State, Zip Code | Telephone Number |
| <hr/> | |

CERTIFICATION

YOU MUST SIGN THIS APPLICATION.

Read the following carefully before you sign.

I HEREBY CERTIFY that all statements made in this application are true and complete to the best of my belief and knowledge. I understand that all statements may be verified and that any material misstatement or omission of fact may be grounds for rejection of my application, or forfeiture of employment. I authorize all companies, agencies, schools or persons named above to give any information regarding my employment and release them from all liability for any damage for issuing this information.

I agree to accept employment, if offered, subject to satisfactory completion of a background check and six month review period, and if my services are not satisfactory, I understand that I may be dismissed during my review period.

Applicant's Signature : _____

Date : _____

PLEASE FILL IN ALL THE INFORMATION ON THIS FORM

RETURN:

- 1. THIS APPLICATION**
- 2. A COVER LETTER EXPLAINING WHY YOU ARE QUALIFIED FOR THIS POSITION**
- and**
- 3. A RESUME (OPTIONAL)**

TO :

Grundy County Housing Authority
1700 Newton Place
Morris, Illinois, 60450

FOR FURTHER INFORMATION REGARDING APPLICATION PROCEDURES, PLEASE CALL

815-942-6198
