

## PERSONAL INFORMATION

Name (Print) \_\_\_\_\_

Present Address \_\_\_\_\_  
(City) (State) (Zip)

Home Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No (Employment is subject to verification of minimum legal age.)

Can you produce documented proof of your identity and eligibility for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Examples: driver's license, Social Security card, birth certificate, and/or Immigration and Naturalization Service Documents)

Position(s) applied for \_\_\_\_\_ How soon could you report to work? \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary Rate of pay Expected \_\_\_\_\_

What days and hours, if part time? Days \_\_\_\_\_ Hours ( ) AM to ( ) PM

## EDUCATION

	Name and Address of School	Courses Majored In	Circle Last Year Completed	Degree Earned
High School			9 10 11 12	
College			1 2 3 4	

Have you applied for a job with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever worked for us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been refused a bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state reason and date \_\_\_\_\_

Have you ever been convicted of a violation of the law except a minor traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state date, court, and place where offense occurred. \_\_\_\_\_

(A conviction will not necessarily disqualify you from employment.)

Have you ever been discharged or requested to resign from a position? \_\_\_\_\_ Yes \_\_\_\_\_ No

## PRIOR WORK RECORD

(Start with most recent or present employer and complete in full.)

<b>1.</b>	Name of Most Recent Employer: _____ Telephone Number: ( ) _____
	Address: _____
	Immediate Supervisor (Name & Position): _____
	Job Title & Duties: _____
	Date Hired: / / Starting Rate: \$ _____ Date Left: / / Last Rate: \$ _____
	Reason for Leaving: _____
	May we contact this employer? Yes No

<b>2.</b>	Name of Previous Employer: _____ Telephone Number: (      ) _____
	Address: _____
	Immediate Supervisor (Name & Position): _____
	Job Title & Duties: _____
	Date Hired:      /      /      Starting Rate: \$                Date Left:      /      /      Last Rate: \$
	Reason for Leaving: _____
	May we contact this employer?      Yes      No

<b>3.</b>	Name of Previous Employer: _____ Telephone Number: (      ) _____
	Address: _____
	Immediate Supervisor (Name & Position): _____
	Job Title & Duties: _____
	Date Hired:      /      /      Starting Rate: \$                Date Left:      /      /      Last Rate: \$
	Reason for Leaving: _____
	May we contact this employer?      Yes      No

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>REFERENCES</b> (Do Not List Relatives)		
Name: _____	Address: _____	Telephone: (      ) _____
Name: _____	Address: _____	Telephone: (      ) _____

<b>Job Applicant's Agreement and Certification</b>	
<p>"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."</p> <p>"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."</p> <p>"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."</p>	
<p>_____</p> <p>(Signature of Applicant)</p>	<p>_____</p> <p>(Date)</p>



## VOLUNTARY SELF-IDENTIFICATION FORM Race/Gender

Community Housing Partners (the "Company") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, or status as a disabled, recently separated, Armed Forces Service Medal, or other protected veteran. Community Housing Partners complies with all relevant government regulations and affirmative action responsibilities, and we therefore offer you the opportunity to complete this self-identification form. Submission of this information is completely voluntary and will not affect your opportunity for employment or potential conditions of employment in any way. The information you provide will be used solely for Affirmative Action and Equal Opportunity reporting requirements, and will be kept confidential and separate from all other personnel records. **Please return via fax to 540-382-1935.**

### Gender

- Male  
 Female

### RACE

- American Indian or Alaskan Native (not Hispanic or Latino)  
 Asian (not Hispanic or Latino)  
 Black or African American (not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)  
 White (not Hispanic or Latino)  
 Hispanic or Latino  
 Two or More Races (white race only)

**The provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee.**

I have been given the opportunity to participate in the self-identification process:

POSITION(S) APPLIED FOR: \_\_\_\_\_

DATE: \_\_\_\_\_

### **Affirmative Action Notice to Applicants and Employees**

Community Housing Partners is an Equal Opportunity/Affirmative Action Employer. To this end, Community Housing Partners maintains Affirmative Action Plans for minorities and women. These plans, or portions thereof, that will enable you to avail yourself of their benefits, are available for inspection by contacting Susan Sisk, Affirmative Action Administrator, during normal business hours.

Susan Sisk, Affirmative Action Administrator