



Oak Ridge Housing Authority
 10 Van Hicks Lane
 Oak Ridge, Tennessee 37830

PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE

Tel: (865) 482-1006
 Fax: (865) 482-2463

APPLICATION FOR EMPLOYMENT
 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

You will not be denied employment solely because of a conviction record, unless the offense is directly related to the job for which you have applied.

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing Yes
 No _____ WPM

10-key Yes
 No

Word Yes
Processing No _____ WPM

Personal Yes PC
Computer No Mac

Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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	Your last job title		

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

SPECIAL QUESTIONS

DO NOT answer ANY of these questions in this framed area unless the employer has CHECKED a box preceding a question, thereby indicating the information is required as a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

Height _____ feet _____ inches Are you a U. S. citizen? Yes _____
No _____

Are you able to perform each of the following job functions with or without an accommodation?

JOB FUNCTION 1: _____
Yes _____ No _____

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION 2: _____
Yes _____ No _____

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

Were you ever seriously injured? Yes No
Give details.

What foreign languages do you speak fluently? Read? Write?

I understand and agree that I may be required to take one or more physical examination; lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by Oak Ridge Housing Authority and to release Oak Ridge Housing Authority, its Board of Commissioners, its Executive Director, agents or employees from any claim arising in connection with the use of such test(s). _____ Yes _____ No

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. _____ Yes _____ No

Oak Ridge Housing Authority
Drug Testing Consent Form

I have applied for employment with Oak Ridge Housing Authority in a position that may require me to operate an automobile or truck, or use power tools. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Oak Ridge Housing Authority for this position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Oak Ridge Housing Authority for screening purposes to conduct such screening and to provide the results to Oak Ridge Housing Authority, and I release Oak Ridge Housing Authority and any person affiliated with Oak Ridge Housing Authority and any such institution or person conducting the screening, from liability therefor.

Applicant's signature: _____

Applicant's name: _____

Date: _____

Fair Credit Act Disclosure Notice

This is to inform you that, as part of our procedure for processing your employment application, it is understood that an investigation of your credit history may be made, whereby information is obtained through personal contact with individuals with whom you are acquainted. Inquiries will include checking records that can include information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Oak Ridge Housing Authority (hereinafter called ORHA), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other ORHA practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ORHA, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of ORHA. Both the undersigned and the Executive Director may end the employment relationship at any time, without specified notice or reason. If employed, I understand that ORHA may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give ORHA permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release ORHA from any liability as a result of such contract.

I also understand that (1) ORHA has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, ORHA may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, ORHA will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with ORHA shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with ORHA is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

Oak Ridge Housing Authority is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Oak Ridge Housing Authority depends solely on your qualifications.

Thank you for completing this application form and for your interest in Oak Ridge Housing Authority.