

CHICOPEE HOUSING AUTHORITY Employment Application

Date: _____ Position Applied For: _____

Name: _____
Last
First
Middle Initial

Address: _____
Number
Street
City
State
Zip

Telephone #: _____ Social Security #: _____

If employed, and under 18 years of age, can you furnish a work permit: Yes ___ No ___

Have you filed an application to the CHA in the past? Yes ___ No ___ If yes, when?: _____

Have you ever been employed by CHA? Yes ___ No ___ If yes when? _____

In what position? _____

Have you ever been employed by another HA? Yes ___ No ___ If yes, which? _____

In what position? _____

Are you employed now? Yes ___ No ___ May we contact your present employer? Yes ___ No ___

Are you on lay-off or are you subject to recall by a current or previous employer? Yes ___ No ___

Do you have the legal right to work in this country? Yes ___ No ___

Do you have a valid Massachusetts Driver's License? Yes ___ No ___

Do you have reliable transportation? Yes ___ No ___

Have you been convicted of a felony in the last seven (7) years? Yes ___ No ___ If yes, please

explain: _____

(A conviction will not necessarily disqualify an applicant from employment.)

Are you related to any CHA Board Member or Employee? Yes ___ No ___ If yes, please state the name of the person and the relationship: _____

If offered a position how soon after an offer would you be available for work: _____

Indicate languages you speak, read or write.

Language	Fluent	Good	Fair
Speak:			
Read:			
Write:			

EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Please provide the following information on education completed.

School Name	High School	Technical School	College
Years Completed	1 2 3 4		1 2 3 4
Diploma/Degree/ Certificate			
Describe Course of Study			
Honors/Awards Earned			

Are you currently enrolled in school or a technical program? Yes ___ No ___

Please explain: _____

Describe specialized training, apprenticeship, skills and extra-curricular activities presently engaged in or completed:

Summarize all special skills and qualifications, acquired from past employment, related to the position sought:

List professional trade, business or civic activities and offices held. (You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status):

PERSONAL REFERENCES

Please provide the name, address and telephone number of three references who are not related to you and are not previous employers:

NAME

ADDRESS

TELEPHONE

EMPLOYMENT EXPERIENCE

Begin with your most recent job and provide the necessary information. Include military service assignments and you may include volunteer activities (you may exclude organization names and volunteer service that indicate race, color, religion, gender, national origin, handicap or other protected status).

EMPLOYER	TELEPHONE	DATES From:	EMPLOYED To:
ADDRESS:			
JOB TITLE:	SUPERVISOR	PAY RATE Start:	/SALARY Final:
WORK PERFORMED:			
REASON FOR LEAVING:			

EMPLOYER	TELEPHONE	DATES From:	EMPLOYED To:
ADDRESS:			
JOB TITLE:	SUPERVISOR	PAY RATE Start:	/SALARY Final:
WORK PERFORMED:			
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EMPLOYER		TELEPHONE	DATES From:	EMPLOYED To:
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EMPLOYER		TELEPHONE	DATES From:	EMPLOYED To:
ADDRESS:				
JOB TITLE:	SUPERVISOR		PAY RATE Start:	/SALARY Final:
WORK PERFORMED:				
REASON FOR LEAVING:				

APPLICANT'S STATEMENT

I certify that the answers given in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and, I release the CHA from any liability in obtaining a reference from employers and individuals named in the application and to hold those parties harmless for the provision of the employment reference.

I understand that neither this document, nor any offer of employment from the Chicopee Housing Authority constitute an employment contract unless a specific document to that affect is executed by the CHA and employee in writing.

In the event of employment, I understand that false or misleading information given by me as part of this application or subsequent interview(s) may result in discharge. I understand that; if employed, I am obligated to abide by all rules and regulations of the Chicopee Housing Authority.

All offers of employment, made by the Chicopee Housing Authority, shall be subject to a review with the Massachusetts Criminal History Board and the submission of a medical certificate by the applicant.

Signature of Applicant

Date

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.