



Application for Employment

Please PRINT clearly in blue or black ink

Application will be active for 30 days from the date of completion.

Position Applied For: _____ Date: _____

Name: _____
LAST FIRST MI

Address: _____
STREET CITY STATE ZIP

Phone # _____ Message # _____ Social Security # _____

Date available to start work: _____ Shifts available: days evenings nights Preference: full time part time temporary

Are you legally entitled to work in the United States? Yes No
(Proof of right to work in the U.S. will be required if hired.)

Have you worked for this company before? Yes No If yes, when? _____

How did you hear of this opening? Newspaper ad Internet Walk-in Agency Friend/relative—who? _____ Other

Were you known by any other name at any job or school listed on this application? Yes—what name? _____ No

Why are you interested in this position? _____

What makes you a strong candidate for this position? _____

Is there anything that would keep you from being able to do the essential functions of this job?
 Yes _____ No _____

Education:

	School name and location	Years completed	Graduated?	Degree
High School			Y/N	
College			Y/N	
College			Y/N	
Business/Trade			Y/N	

Skills:

Typing _____ wpm Other skills related to position: _____
 Computer Software used _____
 Ten Key __ touch __ sight Accounting _____

Employment History: *Start with most recent position and list all prior positions. Attach another sheet of paper if necessary.*

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	

Account for time between positions:

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	

Account for time between positions:

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	

Account for time between positions:

Employer: _____	Position: _____
Address: _____	Description of Responsibilities: _____
City/State/Zip: _____	_____
Phone #: _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from _____ to _____
Supervisor's name: _____	Beginning salary \$ _____ Ending Salary \$ _____
Reason for leaving: _____	

Please provide two additional professional references:

Name _____ Relationship _____ Phone # (____) _____
 Name _____ Relationship _____ Phone # (____) _____

I certify that information given on this application is true and complete to the best of my knowledge.

I authorize Low Income Housing Institute (LIHI) to investigate all statements contained in this application and to request information about me from previous employers and educational institutions. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision.

I understand that LIHI cannot make any guarantees that my application will be considered for any or all open positions they may have, or that my application will be considered for any specific length of time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I also understand that I am required to abide by all current and subsequently issued rules and regulations of LIHI and that employment is for no definite period and may be terminated, at any time, with or without notice, by either party.

Signature of Applicant _____

Date _____

**Combined FCRA Disclosure Notice and Authorization
Regarding Background Consumer Reports**

Disclosure

A consumer report and/or investigative consumer report, in accordance with the Fair Credit Reporting Act (FCRA) and all state and federal laws, may be obtained in connection with your application for and/or continued employment with the employer. The consumer report may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness

A consumer report and and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

Upon timely written request of the personnel department of the employer, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the FCRA.

Authorization

Read, acknowledged and authorized.

Signature _____ Date _____

Printed Name _____

For California applicants only, if you like to receive a copy of the report, if one is obtained, please check here: .

For Minnesota or Oklahoma applicants only, if you like to receive a copy of the consumer report, if one is obtained, please check here: .

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, sexual orientation, gender identity, or political ideology. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name: _____ Date: _____
LAST FIRST MI

Position Applied for: (List only one) _____

What is your race/ethnic origin?

- White
- Hispanic
- American Indian/Alaskan Native
- Black/African American
- Asian/Pacific Islander

What is your gender?

- Male
- Female

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____

MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY

WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.