

# Application For Employment



Housing Authority of Washington County  
319 E Antietam St., 2nd Floor  
Hagerstown, MD 21740  
(301) 791-3168 (Voice/TDD)  
Fax: (301) 791-2755

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, or the presence of a non-job-related physical or mental handicap.**

**(PLEASE PRINT)**

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_.

Do any of your friends or relatives work here?  Yes  No  
If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Response to this question is not necessarily a bar to employment.)*  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

\*\* Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ State of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

\*\* This information is required only if a valid license is necessary to perform the job duties

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

<b>Education</b> <small>(Only job-related education will be considered)</small>				
School	Name and Address of School	Course of Study	Diploma / Degree	Avg. Grade
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

(If you did not graduate from high school, provide name of State that granted you a certificate of equivalency \_\_\_\_\_, and date of issuance \_\_\_\_\_.)

<b>Work Experience</b> <small>(Begin with most recent job)</small>	<small>(If you attach a resume, you still must complete this entire application.)</small>
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**Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, creed disability, marital or veteran status, color, religion, gender, national origin, or other protected status.**

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason For Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason For Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason For Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason For Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments: Include explanation of any gaps in employment**

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**Have you had disciplinary problems with any previous employer? Yes \_\_\_\_, No \_\_\_\_.** If so, please name employer and describe circumstances.

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**Have you ever been convicted of a crime or received a verdict of anything other than "Not Guilty" in any criminal investigation or proceeding? Yes \_\_\_\_, No \_\_\_\_.** (If so, please provide date(s), facts and circumstances.)

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**Describe any specialized training, apprenticeship, licenses or certifications, skills and extra-curricular activities.**

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**List professional, trade, business or civic activities and offices held.**  
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, creed, disability marital or veteran status or other protected status:

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**Additional Information**

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills (Skills/Equipment Operated)**

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/Mac	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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**Professional References***All Applicants must provide at least three (3) employment related references.*

Name	Phone number	Best time to call	Occupation
1.			
2.			
3.			

**Why I Want To Work For The Housing Authority Of Washington County***All Applicants must respond to this question in their own handwriting.*


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**Applicant's Statement**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for providing such information. I hereby waive any privilege I have as to such information.

I consent to taking an employment physical examination to include an alcohol and drug screen and such future physical examinations as may be required by the Housing Authority of Washington County.

This application for employment shall be considered active for a period not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Housing Authority of Washington County.

I authorize deductions from my wages in any amounts which may be due as a result of overpayment of wages, loss or destruction of property or any other amounts which I may lawfully owe, or for which I have received full consideration as permitted by law.

I have read and understand the above.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# SEX RACE AND ETHNIC GROUP IDENTIFICATION FORM

**DETACH FROM APPLICATION AND HAND IN SEPARATELY**

**DO NOT SIGN THIS FORM**

The federal government requires that an employer maintain records on the race, sex, and ethnic group of its applicants for employment. In order to comply with these requirements, the Housing Authority of Washington County requests that you supply the information sought below. The information is for our record-keeping purposes only, and will not in any way affect any employment decisions. This questionnaire will be kept separate from your application.

Position applied for: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnic Group (check if you are a member of the Ethnic Group):

\_\_\_\_\_ American Indian (including Alaskan Natives)

\_\_\_\_\_ Asian (including Pacific Islanders)

\_\_\_\_\_ Hispanic (including persons of Mexican, Puerto Rican, Central or South American, or other Spanish origin or culture)

In conformity with applicable laws, the Housing Authority of Washington County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or disability.