



## Human Resources

400 East Tuscarawas Street  
Canton, Ohio 44702

Telephone: (330) 454-8051

HR Fax Number: (330) 580-9068

Internet Address: [www.starkmha.org](http://www.starkmha.org)

Ohio Relay Service: (800) 750-0750

# Application for Employment

**INSTRUCTIONS:** Please complete in full. Ensure you have read and signed the declaration for employment on the last page.

**Position  
Applying For:**

**Job Title:** \_\_\_\_\_

**Salary Requirement \$** \_\_\_\_\_

**Note: Complete one  
application form per  
Job Bid**

## Personal Data

**Name:** \_\_\_\_\_  
Last First Middle

**Mailing  
Address:** \_\_\_\_\_  
No. Street City Zip Code

**Permanent  
Address:** \_\_\_\_\_  
(if different from above)

**Telephone**  
**Home:** \_\_\_\_\_ **Business** \_\_\_\_\_ **Cell** \_\_\_\_\_

Are you legally entitled to work in United States? Yes ☐ No ☐

Were you referred by someone regarding this job?

If yes, name(s) \_\_\_\_\_

Are you able to work shifts (non-standard hours) if required? Yes ☐ No ☐

Do you have any relatives working at Stark Metropolitan Housing Authority? Yes ☐ No ☐

If yes, name(s): \_\_\_\_\_

Have you ever been employed by Stark Metropolitan Housing Authority? Yes ☐ No ☐

If yes Indicate:

Dates of Employment: \_\_\_\_\_

Position/Department: \_\_\_\_\_

Are you a Housing Resident? Yes ☐ No ☐

Public Housing ☐ Section 8 ☐

## Education and Training

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_ Did you Graduate? ☐ Yes ☐ No  
 Obtained GED? ☐ Yes ☐ No

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Did you Graduate? ☐ Yes ☐ No  
 College or University  
 Number Quarters/Semesters Completed? \_\_\_\_\_ Degree Received? \_\_\_\_\_ Major? \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Did you Graduate? ☐ Yes ☐ No  
 Number Quarters/Semesters Completed? \_\_\_\_\_ Degree Received? \_\_\_\_\_ Major? \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Did you Graduate? ☐ Yes ☐ No  
 Number Quarters/Semesters Completed? \_\_\_\_\_ Degree Received? \_\_\_\_\_ Major? \_\_\_\_\_

## Specialized Skills

### A. Secretarial / Clerical Skills:

☐ Word Processing Software: ☐ Spreadsheet Software: ☐ Database Software: ☐ Keyboarding \_\_\_\_\_ ☐ Other \_\_\_\_\_  
☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
☐ Dictaphone ☐ Data Entry ☐ Graphics ☐ Special Terminology \_\_\_\_\_

### B. Computer Skills:

IBM Mac Other

Please specify computer systems you have worked with, courses you have taken and your working knowledge of computer software:

\_\_\_\_\_  
 \_\_\_\_\_

### C. Trades/Maintenance Skills:

☐ Plumbing ☐ Cement Finish ☐ Caulking ☐ Carpentry ☐ Framing  
☐ Finish ☐ Cabinets ☐ Drywall Finish ☐ Drywall-Hang ☐ Drywall-Texture  
☐ Electrical ☐ Fixtures ☐ Painting ☐ Read Prints (Architectural) ☐ Furnaces

### D. Language Skills:

### E. All positions require a valid Ohio driver's licence. please complete the following:

Do you have a valid driver's license? ☐ Yes ☐ No Class: \_\_\_\_\_ State: \_\_\_\_\_

Have you had any traffic violations in the past three years? ☐ Yes ☐ No



## PREVIOUS EMPLOYMENT

(begin with most recent)

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	

## REFERENCES

List three persons, other than relatives or personal friends, who can judge your work ability.

	NAME	COMPANY	POSITION	TELEPHONE
1.				
2.				
3.				

May we contact your present employer for a reference? ☐ Yes ☐ No      Previous Employers? ☐ Yes ☐ No

If no, please state reasons: \_\_\_\_\_

Please use this space to add any other relevant information, skills, education, training, previous employment, special achievements, job interests, volunteer work, hobbies, or any additional information that you feel should be added to this application.

If you wish to attach your resume, please do so. RESUME ATTACHED ☐

**Declaration:**

It is understood and agreed that Stark Metropolitan Housing Authority may at anytime seek verification of the above and further information in considering my suitability for any position, or benefits, at Stark Metropolitan Housing Authority. I hereby release the Agency, its employees and agents, and anyone providing information pursuant to a request from the Agency to provide information about me, from any and all claims whatsoever which may arise as a result of the release of such information. I understand and agree that any omission, false or misleading statement may disqualify me from employment, or result in dismissal. A photographic copy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Date

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

*Thank you for taking the time to complete this application and for your interest in Stark Metropolitan Housing Authority.*

Stark Metropolitan Housing Authority is committed to the principles of Equal Opportunity Employment and welcomes applications from all qualified candidates.

TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 prohibits discrimination in employment because of race, color, religion or national origin.

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 prohibits age discrimination and protects applicants and employees 40 years of age and older from discrimination on account of age.

SECTION 503 OF THE REHABILITATION ACT OF 1973 prohibits discrimination because of Handicap and requires Affirmative Action to employ and advance in employment qualified individuals who, with reasonable accommodation, can perform the functions of a job.

THE AMERICANS WITH DISABILITIES ACT OF 1990 protects the rights of the disabled in hiring, advancement, compensation, training and discharge.

THE DRUG FREE WORKPLACE ACT OF 1988 prohibits the unlawful manufacture, distribution, possession, or use of a controlled substance or alcohol in the workplace.

THE OHIO FAIR EMPLOYMENT PRACTICES ACT prohibits discrimination in hiring, tenure, terms, conditions, or privileges of employment on the basis of race, color, religion, sex, national origin, handicap, ancestry or age.

VIETNAM ERA VETERANS READJUSTMENT ACT OF 1974 requires affirmative steps to employ and promote qualified disabled and Vietnam Era Veterans.

# APPLICANT DATA RECORD

Submit to:

HR Director/Human Resources

Applicants are considered for all positions, and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As concerned employers, we support and comply with Federal and State laws governing fair employment practices.

Solely to help us comply with government record keeping and reporting, we request your assistance in completing the Applicant Data Record.

Your participation is entirely voluntary and will not affect your application for employment in any way. The Applicant Data Record will be kept in a Confidential File separate from employment applications. We appreciate your cooperation.

Date \_\_\_\_\_

## PLEASE PRINT

Position(s) Applied For \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in  
☐ Employment Agency ☐ Other \_\_\_\_\_

## AFFIRMATIVE ACTION SURVEY

*Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of all information is voluntary*

Check One: ☐ Male ☐ Female

Check one in each category

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE: ☐ White ☐ Black or African American ☐ Asian

☐ Two or More Races ☐ American Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander

Check if any one of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual



**APPLICANT RELEASE FOR BACKGROUND INVESTIGATION**

**PLEASE READ CAREFULLY**

We truly welcome your application with the **Stark Metropolitan Housing Authority**. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

**DISCLOSURE**

This release and authorization acknowledges that the **Stark Metropolitan Housing Authority** may now, or any time while I am employed, conduct a verification of my education, previous employment work history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the **Stark Metropolitan Housing Authority** employment policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your right under the law.

**I have read and understand this release and consent, and I authorize the background verification.** I authorize persons, schools, current and former employers, and other organizations and Agencies to provide the **Stark Metropolitan Housing Authority** with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the **Stark Metropolitan Housing Authority** and their associates the full extent permitted by laws from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

**CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY**

Applicant Last Name (print) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

AKA and/or Maiden Last and First Name \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**EDUCATION VERIFICATION**

Highest Level of Education earned:

☐ High School School Name \_\_\_\_\_ Graduation Year \_\_\_\_\_  
☐ GED: Month Year Passed \_\_\_\_\_ Facility Where Test Taken \_\_\_\_\_  
☐ College College University Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

**ADDRESS VERIFICATION**

Current Address \_\_\_\_\_  
City State Zip

Have you ever lived outside of Stark County? \_\_\_\_ Yes \_\_\_\_ No

If Yes, specify City, State and Date(s) Resided: \_\_\_\_\_  
City State Date Resided

\_\_\_\_\_  
City State Date Resided

Driver's License No: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicable to Public Housing Residents Only)

# STARK METROPOLITAN HOUSING AUTHORITY

## RESIDENT EMPLOYMENT OPPORTUNITY DATA

### ELIGIBILITY FOR PREFERENCE

#### Eligibility for Preference

A section 3 resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient, contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in Section 135.5. *(An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)*

#### Certification for Resident Seeking Section 3 Preference in Training and Employment

I, \_\_\_\_\_, am a legal resident of the \_\_\_\_\_ and meet the income eligibility guidelines for a low-income or very-low-income person as published on the reverse.

My permanent address is:

\_\_\_\_\_  
\_\_\_\_\_

I have attached the following documentation as evidence of my status:

☐ Copy of lease

☐ Copy of receipt of public assistance

☐ Copy of Evidence of participation in a public assistance program

☐ Other evidence

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# STARK METROPOLITAN HOUSING AUTHORITY

## HUD Section 3 Questionnaire to be Completed by All Applicants for Employment

This data is collected for compliance with Section 3 of the Housing and Urban Development Act of 1968, as amended, and Executive Order 11246, as amended. A "section 3 resident" is: 1) a public housing resident; or 2) a low- or very low-income person residing in the metropolitan area or Non-metropolitan County in which the Section 3 covered assistance is expended. All information you provide will be confidential and will be used to prepare statistical reports. Your responses will not affect your employment application. Please complete all requested information and return this form along with your employment application.

### 1. Applying for position of: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Race: Check code that best describes your race: ☐ 1= White/Caucasian ☐ 2=Black/African American  
☐ 3=Asian ☐ 4=American Indian/Alaskan Native ☐ 5=Native Hawaiian/Other Pacific Islander

Ethnicity: Check code that describes your ethnicity: ☐ 1= Hispanic/Latino ☐ 2=Not Hispanic/Latino

2. **Current Income.** We need to know the economic impact this job has on the community. Please review the chart below, match your household size (include yourself) with the **maximum** household income; then, place a checkmark next to the response that applies to your household.

80% Area Median Income limits

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$ 31,400	\$ 35,850	\$ 40,350	\$ 44,800	\$ 48,400	\$ 52,000	\$ 55,600	\$ 59,150

HUD FMR Area **STARK COUNTY** Applicable Year **2014**

The total income received by all members of my household is:

☐ less than the maximum income listed in the chart for the total number of persons in my household.

☐ more than the maximum income listed in the chart for the total number of persons in my household.

3. Check correct response. I live in: ☐ Public Housing ☐ Housing Choice Voucher Program/Section 8  
☐ Subsidized/Assisted Housing ☐ none of these

4. Are you participating in a training program? (Such as CDJFS, OMJ, SCACTE, SCCAA, etc.)?

Check one response. ☐ Yes ☐ No

If yes which program? \_\_\_\_\_ When? \_\_\_\_\_

5. **Job Source:** how did you find out about this job? Please check one source:

- ☐ Newspaper (please specify which) \_\_\_\_\_
- ☐ Internet Website other than Housing Authority site (please specify) \_\_\_\_\_
- ☐ Housing Authority Internet Web Site
- ☐ Trade or Professional Publication (Please specify) \_\_\_\_\_
- ☐ Referred by a Friend or Relative
- ☐ Other means (please specify) \_\_\_\_\_

I declare that the above statements are true and correct to the best of my knowledge.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_