



Housing Authority of the City of Frostburg
101 Meshach Frost Village
Frostburg, MD 21532
301-689-9700
www.frostburghousing.org

AT-WILL EMPLOYMENT APPLICATION

Position Applied for:

Date/Time Received & By:

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the Housing Authority of the City of Frostburg, to provide equal employment to all qualified persons without discrimination on the basis of race, color, religion, national origin or ancestry, sex, age, disability, marital status, sexual orientation, genetic information, or because of an individual's refusal to submit to a genetic test or make available the results of a genetic test, veteran status, or any other legally protected status under local, state, or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. It is also the policy of the Housing Authority to conduct pre-employment screening before a job offer is made including but not limited to criminal background, references, etc. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

(PLEASE PRINT IN INK ALL INFORMATION EXCEPT SIGNATURE)

PERSONAL INFORMATION

Name: First	Middle	Last	Home Phone:	Social Security #: / /
E-mail Address:			Cell Phone:	

Please list below your current address first and your 2 other most recent addresses:

Street	City	State	Zip	Since Mo/Yr
Street	City	State	Zip	Since Mo/Yr
Street	City	State	Zip	Since Mo/Yr

EDUCATION

High School Attended	City & State	Did you earn a Diploma?	
College Attended	City & State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City & State	Area of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City & State	Area of Study	Degree/Certificate/Diploma

If you did not graduate, why did you leave school or college? _____

EMPLOYMENT HISTORY**Please list below your last 4 employers beginning with the most recent or current:**

1	Employer Name:	Address:	Telephone:
Dates Employed: (mm/yyyy) From: To:		Salary: Starting Ending \$ hr \$ hr	Supervisor Name:
Your Duties:		May we contact employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if being hired for position	
Reason for Leaving:			
2	Employer Name:	Address:	Telephone:
Dates Employed: (mm/yyyy) From: To:		Salary: Starting Ending \$ hr \$ hr	Supervisor Name:
Your Duties:		May we contact employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Reason for Leaving:			
3	Employer Name:	Address:	Telephone:
Dates Employed: (mm/yyyy) From: To:		Salary: Starting Ending \$ hr \$ hr	Supervisor Name:
Your Duties:		May we contact employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Reason for Leaving:			
4	Employer Name:	Address:	Telephone:
Dates Employed: (mm/yyyy) From: To:		Salary: Starting Ending \$ hr \$ hr	Supervisor Name:
Your Duties:		May we contact employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Reason for Leaving:			

If presently employed, why do you desire to change your position? _____

EMPLOYMENT INFORMATION

Date You Can Start Work: / /	Expected Salary: \$ per hour
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Can You Work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings

Please answer all of the following questions:

- May we contact you at work? ☐ YES ☐ NO If yes, list number and best time to call.
- If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ YES ☐ NO ☐ N/A
- Are you legally eligible for work in the United States? ☐ YES ☐ NO
- Are you willing to work overtime when necessary? ☐ YES ☐ NO
- Have you received a description of the job or been made aware of the essential functions of the job you are applying for : ☐ YES ☐ NO

6. Do you understand the job requirements? ☐ YES ☐ NO (If no, please explain)
7. Are you on layoff and subject to recall? ☐ YES ☐ NO (If yes, explain)
8. Have you ever been bonded? ☐ YES ☐ NO
9. Have you ever been discharged or asked to resign from a job? ☐ YES ☐ NO (If yes, please explain)
10. Have you ever been convicted of or pled guilty to a felony or other crime? ☐ YES ☐ NO (If yes, please explain. Conviction will not necessarily disqualify you from employment)

JOB-RELATED SKILLS

1. Do you have a valid driver's license? ☐ YES ☐ NO
State: _____ License Number: _____ Class: _____ Expires: _____
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years?
☐ YES ☐ NO (Conviction will not necessarily disqualify you from employment.)
3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?
☐ YES ☐ NO (Suspension or revocation will not necessarily disqualify you from employment.)
4. List all states from which you hold or have held a driver's license: _____
5. List any professional licenses, designations, certifications, etc. that may relate to the position applied for:

Name of Issuing Entity	Designation or Certification	Identification Number	Date Issued	Expiration Date (if applicable)	Comments

6. Indicate the number of year's experience (if any) you have with the following computer software applications:
Microsoft Word: _____ years Microsoft Excel: _____ years Microsoft Outlook: _____ years
Microsoft PowerPoint: _____ years Internet Use: _____ years
Other applications used: _____
7. List any special accomplishments, awards, publications, etc. which you have received and/or any job related organizations that you belong to: _____
8. Please use this space to provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

REFERENCES

List three business/work references that are not related to you or are previous supervisors.

Reference Name	Address of Reference	Telephone	Years Acquainted

APPLICANT'S CERTIFICATION AGREEMENT
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- I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
- I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate discipline, up to and including termination of employment, regardless of when or how discovered.
- I agree, if I am offered and accept a position, to conform to all existing and future Housing Authority of the City of Frostburg rules and regulations and I understand that Housing Authority of the City of Frostburg reserves the right to change policies, title, job description, wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, AND THAT ONLY A WRITTEN AGREEMENT BETWEEN THE PRESIDENT/CEO OF THE HOUSING AUTHORITY OF THE CITY OF FROSTBURG AND ME, SIGNED BY BOTH OF US, CAN ALTER THE AT-WILL EMPLOYMENT RELATIONSHIP.***
- 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.
- I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
- I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

NOTICE: DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

Signature of Applicant

Date

The Housing Authority of the City of Frostburg is an Equal
Opportunity Employer

For Employer Use Only:

Applicant Interviewed: ☐ Yes ☐ No

Date: _____

Interviewed By: _____
President/CEO
HR Department
Department Director

Hired: ☐ Yes ☐ No Starting Date: _____ Wage: \$_____ Per: _____