

**GEAUGA METROPOLITAN HOUSING AUTHORITY  
PERSONNEL POLICY AND PROCEDURES MANUAL**

**APPLICATION FOR EMPLOYMENT      PAGE 1 OF 6**

*Please type or print responses to all of the questions contained  
on the entire application form.*

Date of Application \_\_\_\_\_

Position Sought \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you an adult, legally emancipated or otherwise legally eligible to work in the State of Ohio?  
☐ Yes   ☐ No

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

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

*In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.*

**Current Employer:** \_\_\_\_\_  
(Enter "none" if unemployed) \_\_\_\_\_

May we contact your current employer prior to employment? ☐ Yes   ☐ No  
Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to leave? \_\_\_\_\_  
\_\_\_\_\_

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<b>Previous Employer:</b> _____	
Address _____	
Phone Number _____	Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____	
Beginning Salary _____	Per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____	
Why do you want to leave? _____ _____	

<b>Previous Employer:</b> _____	
Address _____	
Phone Number _____	Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____	
Beginning Salary _____	Per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____	
Why do you want to leave? _____ _____	

<b>Previous Employer:</b> _____	
Address _____	
Phone Number _____	Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____	
Beginning Salary _____	Per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____	
Why do you want to leave? _____ _____	

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*If you need to list any additional previous employers,  
please use a blank sheet of paper to do so.*

**EDUCATION AND TRAINING**

*This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.*

High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No

High school equivalent? ☐ Yes ☐ No

Courses pertaining to job applied for: \_\_\_\_\_

\_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

\_\_\_\_\_

College or Trade School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No

High school equivalent? ☐ Yes ☐ No

Courses pertaining to job applied for: \_\_\_\_\_

\_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

\_\_\_\_\_

Graduate School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No

High school equivalent? ☐ Yes ☐ No

Courses pertaining to job applied for: \_\_\_\_\_

\_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

\_\_\_\_\_

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*Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.*

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PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you have friends or relatives who presently work for this agency? ☐ Yes ☐ No

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

*Please list three (3) references who are not related to you  
that you have known at least one (1) year.*

Name _____ Phone _____ Address _____
Name _____ Phone _____ Address _____
Name _____ Phone _____ Address _____

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

**Please Read this Statement Carefully**

1. Initials: \_\_\_\_\_ I understand and accept that, depending upon the position for which I am applying, if I am employed by GMHA, my employment may be for no definite period of time and may be terminated, with or without cause or notice at any time, at the option of either GMHA, or myself. I understand that no representative of GMHA, other than the GMHA, has any authority to enter into any agreement or to make any agreement with me contrary to the foregoing, except that the GMHA may do so in writing under specific limited circumstances.
2. Initials: \_\_\_\_\_ I understand and accept that, if I am selected for employment, my initial and continued employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.
3. Initials: \_\_\_\_\_ If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of the GMHA.
4. Initials: \_\_\_\_\_ I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the GMHA, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.
5. Initials: \_\_\_\_\_ I understand and accept that the GMHA requires a high degree of integrity and confidentiality of its employees. I understand that the Board may use screening procedures to evaluate my qualifications and suitability for employment, including but not limited to interviews, criminal records checks, driving records checks, polygraph examination, written testing, reference checks, background investigations, psychological evaluations, and drug testing. I also acknowledge that I may be subject to other screening procedures not specifically listed above, and are a prerequisite to my appointment.
6. Initials: \_\_\_\_\_ I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the GMHA. I further authorize the release of personnel, academic, and other records to the Board.

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**7. READ CAREFULLY BEFORE INITIALING**

Initials: \_\_\_\_\_ I agree that any claim or lawsuit relating to my service with GMHA or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

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I solemnly swear that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug abuse, or alcohol abuse.

Therefore, in consideration of my employment application being reviewed and considered by the GMHA I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and hold harmless GMHA and any of its agents, employees, appointing authorities, related officials from any and all liability, whatever type and nature, resulting from the administration of any such screening procedures and/or release of the results there from.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date