



Anderson Housing Authority

Kimberly G. Townsend, Executive Director

528 W. 11th Street, Anderson, IN 46016

Telephone/TDD (765) 641-2620 Fax (765) 641-2629

Email: ahain@ahain.org

Thomas J. Broderick, Jr., Mayor

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street/Address Apartment/Unit #

_____ City State Zip Code

Phone (Cell): _____ Email: _____

Date Available: _____ Social Security No: _____ Desired Salary: _____

Position Applying for: _____

Are you a citizen of the United States? Yes No If No, are you authorized to work in the U.S? Yes No

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

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No



College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No

Degree: _____

References

Please list three Professional references

Full Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Work History: Start with your present or most recent employment and work back. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1:	Start Date (mo/day/yr):	End Date (mo/day/yr):
Company Name:	Supervisor's Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

May we contact this employer? Yes No

Job Title #2:	Start Date (mo/day/yr):	End Date (mo/day/yr):
Company Name:	Supervisor's Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

May we contact this employer? Yes No

Job Title #3:	Start Date (mo/day/yr):	End Date (mo/day/yr):
Company Name:	Supervisor's Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

May we contact this employer? Yes No

Job Title #4	Start Date (mo/day/yr):	End Date (mo/day/yr):
Company Name:	Supervisor's Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

May we contact your present employer? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Consent

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omission or mis presentations may result in my dismissal. I authorize the Employer to make an investment of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party. By signing this, you consent to a background check.

Applicant Signature

Date