

BETHLEHEM HOUSING AUTHORITY

Application For Employment

645 Main Street
Bethlehem, PA 18018

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

- Advertisement Friend Walk-In
 Employment Agency Relative Other

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligiility to work?

Yes No

Have you ever filed an application with us before?

Yes No If Yes, give date _____

Have you ever been employed with us before?

Yes No If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you legally authorized to work in the United States?

Yes No

Proof of citizenship or inmigration status will be required upon employment

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

If part time, days and hours available to work:

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Minimum Salary Required: _____

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
No. of Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, color, religion, national origin, age, ancestry, or handicap or other protected status:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please continue on a separate sheet of paper.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. If job-related, indicate any foreign language proficiency.

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Do you have any relative employed by the Bethlehem Housing Authority?

YES NO

If yes, who? _____

Have you been convicted of a felony within the past 7 years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

If you are applying for a specific position, and have been provided a job description:

Can you perform the described functions of the job, with or without reasonable accommodations? Yes No

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 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.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
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 employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false or misleading in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Bethlehem Housing Authority and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Bethlehem Housing Authority unless made in writing, signed by the Executive Director, and duly authorized by the Board. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Bethlehem Housing Authority retains the same right.

I understand that prior to being offered employment with Bethlehem Housing Authority I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform Bethlehem Housing Authority prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Bethlehem Housing Authority reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that it is necessary for me to read and sign the Authority's Medical examination and Pre-Employment Testing Consent Form and Release as a condition for my being considered for employment by Bethlehem Housing Authority.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established Authority procedures.

Signature of Applicant

Date

MEDICAL EXAMINATION POLICY OF
BETHLEHEM HOUSING AUTHORITY

It is the policy of Bethlehem Housing Authority to require medical examinations as a part of its selection process or evaluation for continued employment only in the following situations:

- (1) After a conditional offer of employment has been extended to an applicant, and before the individual begins work for the company. Medical examinations are uniformly required of all applicants for positions with certain designated job categories;
- (2) Where there exists a need to determine whether an employee still is able to perform the essential functions of his or her job;
- (3) Periodic physical examinations to determine fitness for duty or other medical monitoring that is required by medical standards or by federal, state or local law; or
- (4) Voluntary medical examinations, including voluntary medical histories, that are part of employee health programs.

A drug test is not considered a medical examination and may be administered by the Authority any time in the pre-employment or employment process in accordance with Authority policy and practice.

If a medical examination reveals or confirms that a job applicant or employee has a disability, this information will not be used by Bethlehem Housing Authority to unlawfully discriminate against the job applicant or employee on the basis of disability. Bethlehem Housing Authority will not use the results of a medical examination that reveals or confirms a disability to withdraw an offer of employment or discharge an employee unless the disability limits the individual in the performance of the essential function of his or her job in a safe manner, and no reasonable accommodation can be made.

The results of any medical examination performed by or on behalf of Bethlehem Housing Authority will be collected and maintained on separate forms and in separate medical files and will be treated as confidential. Medical information may be disclosed only under the following circumstances;

- (1) Supervisors and managers may be informed about necessary restrictions on the work or duties of the employee and any necessary accommodations;
- (2) First aid and safety personnel may be informed, where appropriate, if the disability might require emergency treatment; and
- (3) Government officials investigating compliance with federal laws shall be provided relevant information upon request.

I authorize any of the doctors, hospitals, clinics or other health care providers who have examined and/or treated me to furnish to the Bethlehem Housing Authority or physician selected by the Authority a complete transcript of my medical records for purposes of processing my application for employment. I hereby release and forever discharge Bethlehem Housing Authority and its employees, representatives, agents and/or its examining physicians as well as any health care provider who furnishes this information from any claim, liability or obligation related to this Medical Examination Policy.

I certify that I have read the Medical Examination Policy, understand the same and voluntarily sign below.

Signature of Applicant

Date