

February 6, 2019

LORAIN METROPOLITAN HOUSING AUTHORITY

**PART-TIME BUILDING RECEPTIONIST JOB
OPPORTUNITIES – DAY/EVENING AND NIGHT SHIFTS**

Lorain Metropolitan Housing Authority (LMHA) is accepting applications for part-time Building Receptionists for various shifts and locations in Lorain County, Ohio. The wage for day/evening/night shifts is \$8.55 per hour and the wage for a weekend Friday/Saturday 9 p.m. to 3:00 a.m. shift is \$9.40 per hour. No benefits. Must pass pre-employment physical, drug/medical tests and background check.

Applications available at:

<http://www.lmha.org/about-lmha/employment-opportunities/>
or at all LMHA sites. Applications accepted until position is filled. Applications may be mailed to: Human Resources Administrator, Lorain Metropolitan Housing Authority, 1600 Kansas Ave., Lorain, OH 44052.

EQUAL OPPORTUNITY HOUSING AUTHORITY

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

LANGUAGE(S)	FLUENT	GOOD	FAIR
SPEAK:			
READ:			
WRITE:			

List professional references:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.

Government contractors are subject to 38 USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1983, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

_____ Disabled Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signed: _____

EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. If no employment experience, please write "NONE" in Block 1. Use additional paper, if necessary.

If you are currently employed and do not want us to contact your current employer, please indicate here.

_____ Do not contact my current employer listed in #1 below.

1. Employer:	Dates Employed From:	Work Performed
Phone:	To:	
Address:		
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting:	
Reason for Leaving:	Final:	
2. Employer:	Dates Employed From:	Work Performed
Phone:	To:	
Address:		
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting:	
Reason for Leaving:	Final:	
3. Employer:	Dates Employed From:	Work Performed
Phone:	To:	
Address:		
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting:	
Reason for Leaving:	Final:	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

EDUCATION:

	High School	College University	Graduate Professional
School Name			
Years Completed			
Diploma/Degree Earned		Did you Graduate? Circle Yes or No (Specify Degree earned: Associate's, Bachelor's, Master's, Doctorate).	Did you Graduate? Circle Yes or No
Course of Study			

List any professional affiliations, licenses, certifications, awards and/or other diplomas.

DRUG FREE WORKPLACE

Lorain Metropolitan Housing Authority is a drug free workplace and utilizes testing as a means of detecting substance abuse. Alcohol and drug abuse will not be tolerated in the workplace and its presence can result in the termination of an employee. Testing can occur during a periodic physical examination, systematic random testing without notice, or as a result of observations of an individual's performance on the job which reveal a "reasonable basis to believe" he/she is under the influence of a controlled substance(s) and/or alcohol. All applicants being considered for employment with the Authority will, as a part of their pre-employment physicals, undergo substance abuse testing.

TRANSITIONAL WORK PROGRAM

In conjunction with the Ohio Bureau of Workers' Compensation, Lorain Metropolitan Housing Authority has adopted the Transitional Work Program sponsored by the Ohio BWC. A transitional work program uses real job duties that accommodate an injured worker's medical restrictions for a specified time period to gradually return the injured worker to their original job. All workers' compensation injuries and illnesses will be considered for entry into the program. The complete policy is available from the Main Office upon request for your review.

PLEASE READ THE BELOW STATEMENTS CAREFULLY BEFORE YOU SIGN AND DATE.

APPLICANT'S ACKNOWLEDGEMENT

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 as determined by the Lorain Metropolitan Housing Authority. **The Application may be rejected if the form is incomplete.**

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 the 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.

Signature of Applicant

Date

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"

**LORAIN METROPOLITAN HOUSING AUTHORITY
EQUAL OPPORTUNITY EMPLOYER**



National Background Information

EMPLOYMENT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

BY SIGNATURE BELOW, I AUTHORIZE THE PREPARATION OF AN INVESTIGATIVE REPORT. UPON COMPLETION, I AUTHORIZE THE RELEASE OF THE INVESTIGATIVE REPORT TO THE PROSPECTIVE EMPLOYER LISTED BELOW. FOR THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE MADE ON MYSELF INCLUDING CONSUMER CREDIT, CRIMINAL, DRIVING RECORDS, EDUCATION, SEX OFFENSE AND MAY INCLUDE INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL, EMPLOYMENT, TENANCY, EDUCATION, AND OTHER EXPERIENCES. I RELEASE ALL OF THE ABOVE, INCLUDING THE PROPECTIVE EMPLOYER, NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSS, LIABILITES, AND EXPENSES ARISING FROM THE RETRIEVAL AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC RECORD INFORMATION AND OF THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY COPY OF THIS DOCUMENT IS AS VALID AS THE ORGINIAL. THE AUTHORIZATION IS VALID DURING THE COURSE OF MY EMPLOYMENT TO THE EXTENT PERMITTED BY LAW. FALSIFYING INFORMATION COULD RESULT IN DENIAL OF EMPLOYMENT AND/OR PROMOTION.

Print name of Prospective Employer:		
Print Full Name:		
Previous Name (AKA/Alias)	Date of Birth:	
Social Security #:		
Driver's License #:	State Issued:	
Current Address:		
City:	State:	Zip Code:
Address for the Past Seven Years (Include Street, City, State and Zip)		Date of Residence

Signature _____ Date: _____

California, Massachusetts, Minnesota, Oklahoma, and New York Only: If you are a current resident and would like a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

INVESTIGATIVE REPORTING AGENCY:
NATIONAL CREDIT REPORTING
6830 Via Del Oro, Suite 105
San Jose, CA 95119
800 441-1661

PRIVACY POLICY INFORMATION:
<http://www.ncrcredit.com/privacy.php>
Data files and information made available by
NCR during normal business hours.

If this box is checked, by signature above, I acknowledge the international data reports may be requested in conjunction with this investigative report. Furthermore, I authorize National Credit Reporting to share my personally identifiable information with providers of information to the extent that it is necessary to obtain the data requested. This may include prospective employers, vendors, contractors, and business partners outside of the united states and its territories.



APPLICANT DATA RECORD



LORAIN METROPOLITAN HOUSING AUTHORITY

1600 KANSAS AVENUE, LORAIN, OH 44052

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical condition, disability or genetics. As employee/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out this voluntary Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

PLEASE PRINT

DATE _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: ADVERTISEMENT FRIEND RELATIVE
 WALK-IN EMPLOYMENT AGENCY OTHER

NAME: _____
 First Middle Last

ADDRESS: _____
 Number Street City State Zip Code

TELEPHONE NUMBER: (_____) _____ (_____) _____
 Area Code Home Number Area Code Cell Phone Number

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicant.

CHECK ONE: MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:

WHITE [Not of Hispanic Origin] BLACK or AFRICAN AMERICAN [Not of Hispanic Origin]
 ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE

ETHNICITY: HISPANIC NON-HISPANIC

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE: DISABLED INDIVIDUAL
 VETERAN

Lorain Metropolitan Housing Authority

Classification Description

Classification Title: Building Receptionist
Department: Public Housing
Reports To: Project Manager or Project Manager Trainee

Grade:
FLSA Status: Non-Exempt

General Statement of Job

The Building Receptionist shall perform and complete all required work, shall exercise an attitude and deportment of diplomacy, advocacy and friendliness; and in no case shall compromise the security of the building or its occupants.

Specific Duties and Responsibilities

Monitor accessibility into the building for all persons having valid business and cause to enter, as scheduled by the Manager

Request registration in the Log Book

Monitor telephone calls and refer caller to the proper person

Summon appropriate emergency services, when needed

Notify Manager or LMHA Central Office in the event of an emergency

Monitor requests for keys

Maintain a detailed log of events that occur during shift hours

Ability to provide "relief," if needed for other receptionists

Respond to "on-call" emergencies

Distribute notices, etc. within the building in a timely manner or as directed by the Project Manager

Accompany LMHA contractors in order to provide access to apartments with a key, leaving notices for residents who are not home

Knowledge, Skills, and Abilities

- Must pass physical, drug screen and criminal history background check.
- Ability to maintain confidentiality of the office and demonstrate good customer service skills.
- Ability to exercise an attitude and deportment of diplomacy, advocacy and friendliness.
- Must be able to respond to resident distress calls and to summon emergency aid in an appropriate manner.

ADA/EEO Compliance

The Lorain Metropolitan Housing Authority is an Equal Opportunity Authority. In compliance with the American's with Disabilities Act, the Housing Authority will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the employer.

Acknowledgment

This classification description for my position was received, read and understood by me as acknowledged by my signature below.

Employee

Date

Supervisor

Date