



**APPLICATION FOR EMPLOYMENT**

Revised: July 2021

LORAIN METROPOLITAN HOUSING AUTHORITY  
1600 Kansas Avenue, Lorain, OH 44052 (440) 288-1600

**PLEASE PRINT**

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

Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
                            First  Middle  Last

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: Area Code (\_\_\_\_) \_\_\_\_\_ Cell Ph: Area Code (\_\_\_\_) \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date: \_\_\_\_\_

Are you currently on LMHA lay-off and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are currently employed, may we contact your present employer? \_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No

If employed and under 18 years of age, can you furnish a work permit? \_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of  
Visa or Immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary

Can you travel if the job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you or have you ever been a Section 8 landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a Veteran of U. S. Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you related to any current employee of LMHA? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**AN EQUAL OPPORTUNITY EMPLOYER**

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 and attach your resume.

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

4. Employer:	Dates Employed From:  To:  Hourly Rate/Salary Starting: Final:	Work Performed
Phone:		
Address:		
Job Title:		
Supervisor:		
Reason for Leaving: _____		
5. Employer:	Dates Employed From:  To:  Hourly Rate/Salary Starting: Final:	Work Performed
Phone:		
Address:		
Job Title:		
Supervisor:		
Reason for Leaving: _____		
6. Employer:	Dates Employed From:  To:  Hourly Rate/Salary Starting: Final:	Work Performed
Phone:		
Address:		
Job Title:		
Supervisor:		
Reason for Leaving: _____		

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.

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**EDUCATION:**

	High School	College University	Graduate Professional
School Name			
Years completed			
Diploma/Degree Earned			
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 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**

