

METRO INTERFAITH HOUSING MANAGEMENT CORP

21 New St., Binghamton, NY 13903-1759

Application for Employment

All applicants are given equal consideration without regard to race, color, religion, gender, national origin, age, disability status, genetic disposition, gender orientation or identity, marital or military status or any other legally protected status. Metro Interfaith will make reasonable accommodations for individuals with disabilities during the application, interviewing and employment process.

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*Please print all responses in blue or black ink. Incomplete applications may delay the application process.*

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number / Street / Apt #  
\_\_\_\_\_  
City / State / Zip Code

Phone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Mobile / Other

Email Address: \_\_\_\_\_  
*Metro Interfaith does not share your email address or any other personal information with any outside source without written authorization.*

Are you 18 or over?  Yes  No

Are you legally eligible to accept employment in the United States?  Yes  No  
*You will be required to furnish proof of lawful work status if you are extended an offer of employment.*

Have you ever been convicted of and/or pled guilty of a violation, misdemeanor or felony?  Yes  No  
*If yes, you must complete the attached Addendum to Employment Application. A conviction record may not necessarily be a bar to employment.*

### POSITION APPLICATION

Position(s) applying for:  
1. \_\_\_\_\_ Salary desired: \_\_\_\_\_  
2. \_\_\_\_\_ Salary desired: \_\_\_\_\_

Work preference:  Full-time  Part-time/Hourly  Temporary/Seasonal

Are you available for weekend, holiday or on-call assignments?  Yes  No

Date available to start work? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you submitted an application with us within the previous 12 months?  Yes  No

Have you previously been employed by Metro Interfaith?  Yes  No  
If yes, provide previous dates of employment: \_\_\_\_\_

Do you currently have any family members employed by Metro Interfaith?  Yes  No  
If yes, please identify: \_\_\_\_\_

How were you referred to Metro Interfaith for employment opportunities?  
 Friend/Relative  Newspaper  Website  Referral Agency  Other: \_\_\_\_\_

For references purposes, do you object to us contacting your present or past employers?  Yes  No  
If yes, who? \_\_\_\_\_

**EMPLOYMENT HISTORY:** Complete this section for the previous 10 year period or at least three employers beginning with your current or most recent job. Include any directly related volunteer experience, military assignment and explain any periods of unemployment.

|                                   |                               |                             |                |                    |
|-----------------------------------|-------------------------------|-----------------------------|----------------|--------------------|
| 1. Name/Address/Phone of Employer | Start Date:<br>____/____/____ | Position Title              | Salary or Rate | Reason for leaving |
|                                   | End Date:<br>____/____/____   | Supervisor's Name and Title |                |                    |

Briefly describe your duties and responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                                   |                               |                             |                |                    |
|-----------------------------------|-------------------------------|-----------------------------|----------------|--------------------|
| 2. Name/Address/Phone of Employer | Start Date:<br>____/____/____ | Position Title              | Salary or Rate | Reason for leaving |
|                                   | End Date:<br>____/____/____   | Supervisor's Name and Title |                |                    |

Briefly describe your duties and responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                                   |                               |                             |                |                    |
|-----------------------------------|-------------------------------|-----------------------------|----------------|--------------------|
| 3. Name/Address/Phone of Employer | Start Date:<br>____/____/____ | Position Title              | Salary or Rate | Reason for leaving |
|                                   | End Date:<br>____/____/____   | Supervisor's Name and Title |                |                    |

Briefly describe your duties and responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                                   |                               |                             |                |                    |
|-----------------------------------|-------------------------------|-----------------------------|----------------|--------------------|
| 4. Name/Address/Phone of Employer | Start Date:<br>____/____/____ | Position Title              | Salary or Rate | Reason for leaving |
|                                   | End Date:<br>____/____/____   | Supervisor's Name and Title |                |                    |

Briefly describe your duties and responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In order to have a clear understanding of your background and work history, describe any additional directly related talents, skills, abilities and experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION:** Circle last grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

| Name, Address, Zip Code of School        | Course of Study | Graduate? Yes or No | Diploma, Degree or No of Credits Earned |
|------------------------------------------|-----------------|---------------------|-----------------------------------------|
| High School<br>_____<br>_____<br>_____   |                 |                     |                                         |
| College<br>_____<br>_____<br>_____       |                 |                     |                                         |
| College<br>_____<br>_____<br>_____       |                 |                     |                                         |
| Trade / Other<br>_____<br>_____<br>_____ |                 |                     |                                         |

**LICENSE or CERTIFICATION:** If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, please complete the following:

| Type | Number | State or Licensing Agency | Exp. Date |
|------|--------|---------------------------|-----------|
|      |        |                           |           |
|      |        |                           |           |
|      |        |                           |           |

Has your license / certification ever been suspended/revoked/restricted or has a disciplinary investigation ever been conducted concerning your professional activities? \_\_\_\_ Yes \_\_\_\_ No

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

If a motor vehicle license is a requirement of the position for which you are applying, please complete the following:

| License Number and Class | State Issuing | Expiration Date |
|--------------------------|---------------|-----------------|
|                          |               |                 |

**MILITARY SERVICE:**

Have you ever served in the Armed Forces? \_\_\_\_ Yes \_\_\_\_ No

If yes, what Branch? \_\_\_\_\_

Are you currently a member of the National Guard? \_\_\_\_ Yes \_\_\_\_ No

**REFERENCES:** Please list two (2) references other than relatives or former employers.

|                                                                                    |                                                                                    |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Name _____<br>Contact Info: address, phone and/or email<br>_____<br>_____<br>_____ | Name _____<br>Contact Info: address, phone and/or email<br>_____<br>_____<br>_____ |
| In what capacity do you know this person<br>_____<br>_____                         | In what capacity do you know this person<br>_____<br>_____                         |

**APPLICANT'S DECLARATION:** Read and initial each of the following statement and sign and date below.

\_\_\_\_\_ I certify that the responses made in this application, including any attachments, are true and complete to the best of my knowledge.

\_\_\_\_\_ If employed, I understand that any omission, misrepresentation and/or falsification of information given in this application or during the interview process may result in termination, regardless of the date discovered.

\_\_\_\_\_ If employed, I agree to abide by all the rules and regulations of Metro Interfaith and relative to my position which I also understand may be subject to change by the organization.

\_\_\_\_\_ I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including any applicable criminal background checks.

\_\_\_\_\_ I understand that this application is not intended to be a contract of employment. I further understand that Metro Interfaith follows the practice of employment-at-will.

\_\_\_\_\_ If a conditional offer of employment has been made and if required, I agree to undergo a job-related physical examination at no personal expense and authorize the examining physician to release the results confidentially to Metro Interfaith's Human Resources Department.

\_\_\_\_\_ I authorize Metro Interfaith to investigate all references and to secure additional job related information about me. I understand that any offer of employment is conditioned upon receipt of satisfactory references, satisfactory completion of job related medical examination and any applicable background checks.

\_\_\_\_\_ I hereby release from liability Metro Interfaith and its representatives for seeking information and all other persons, corporations or organizations for furnishing such information.

**Applicant Signature** \_\_\_\_\_ **Date of application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print any other surnames (last names) by which you are or have been known.

\_\_\_\_\_

**APPLICATIONS WILL BE HELD ON FILE FOR ONE YEAR FROM DATE OF APPLICATION.**

**ADDENDUM TO EMPLOYMENT APPLICATION**

**CONVICTION RECORD**

**APPLICANT:** If you answered yes and have been convicted of and/or pled guilty of a violation, misdemeanor or felony, please provide additional information such as date of offense, Court location, seriousness and nature of offense and sentence assigned or rehabilitation completed.

**What** (Describe the incident/offense):

**When** (Month/Year):

**Where** (City/State):

**Disposition** (Location of Court; Felony, Misdemeanor or Violation; Sentence):

Other Information:

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: A conviction record is not necessarily a bar to employment. All factors related to the seriousness and nature of the offense and rehabilitation or sentence served will be taken into consideration.

# METRO INTERFAITH

## Applicant Reference Inquiry

The individual indicated below is being considered for a position with Metro Interfaith Housing Management Corp and has authorized you to provide Metro Interfaith with the information requested on this form. Any information provided will be held in the strictest confidence. Thank you for your cooperation.

**Applicant Name:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Type of Reference:** \_\_\_\_\_ Professional \_\_\_\_\_ Personal

**Applicant, please read, sign and date the following statement:**

I understand that an offer of employment will be conditioned on many factors, including receipt of satisfactory references and background checks. I authorize Metro Interfaith to investigate all statements made in my application for employment. I consent to Metro Interfaith contacting my former employers and any listed references or other persons who can verify and respond to information I have provided in the employment application and in personal interviews. I hereby release from liability Metro Interfaith and its representatives for seeking information and all other persons, corporations or organizations for furnishing such information.

**Applicant Signature:** \_\_\_\_\_ **Date of Authorization:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**To be completed by Professional Reference Source:**

Position held: \_\_\_\_\_ Eligible for Re-hire: \_\_\_ Yes \_\_\_ No

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please rate the following:*

|                          | <b>Satisfactory</b> | <b>Unsatisfactory</b> |
|--------------------------|---------------------|-----------------------|
| Overall Work Performance |                     |                       |
| Reliability/Attendance   |                     |                       |
| Communication Skills     |                     |                       |

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**To be completed by Personal Reference Source:**

Length of time known: \_\_\_\_\_ In what capacity: \_\_\_\_\_

How well does the applicant get along with others? \_\_\_\_\_

How dependable is the applicant? \_\_\_\_\_

\*\*\*\*\*

**To be completed by Reference Source:**

Signature of Reference: \_\_\_\_\_

Printed Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reference Verified by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_