



85 Morgan Street
Fall River, MA 02721

EMPLOYMENT APPLICATION

Date: _____ Position Applied For: _____

Date Available To Begin Employment: _____

BACKGROUND INFORMATION:

Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Are You Under 18 Years Of Age? YES NO If Yes, Date Of Birth? _____

Do You Have A Valid Driver's License? YES NO

Are You Legally Authorized To Work In The United States? YES NO

Are You A Veteran? YES NO

Are You A Resident Of Public Housing Or Unit Subsidized By The Fall River Housing Authority: YES NO

Length Of Time At Current Address: _____

Previous Addresses During The Last Five (5) Years:

Street City State

Street City State

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EMPLOYMENT HISTORY:

List Your Last Four (4) Positions Beginning With Your Current Position First:

Employer: _____

Address: _____

Position: _____

Dates Of Employment: From: _____ To: _____

Supervisor: _____ Tel. #: _____

Brief Description Of Duties Performed: _____

Reason for Leaving: _____

May We Contact This Employer? _____

Employer: _____

Address: _____

Position: _____

Dates Of Employment: From: _____ To: _____

Supervisor: _____ Tel. #: _____

Brief Description Of Duties Performed: _____

Reason For Leaving: _____

May We Contact This Employer? _____

Employer: _____

Address: _____

Position: _____

Dates Of Employment: From: _____ To: _____

Supervisor: _____ Tel. #: _____

Brief Description Of Duties Performed: _____

Reason For Leaving:

May We Contact This Employer? _____

Employer: _____

Address: _____

Position: _____

Dates Of Employment: From: _____ To: _____

Supervisor: _____ Tel. #: _____

Brief Description Of Duties Performed: _____

Reason For Leaving: _____

May We Contact This Employer? _____

SKILL INFORMATION:

If You Have Any Specific Job Skills (Including Second Language) Indicate Below.

EDUCATIONAL BACKGROUND:

(List Most Recently Attended First)

Name	# Of Years Completed	Diploma/Degree
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Name	# Of Years Completed	Diploma/Degree
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Name	# Of Years Completed	Diploma/Degree
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OTHER: Formal Training/Certificates/Licenses/Etc.

REFERENCES: Please List Three (3) References (Not Related To You)

Name: _____ Telephone #: _____

Business Position: _____

Name: _____ Telephone #: _____

Business Position: _____

Name: _____ Telephone #: _____

Business Position: _____

SOURCE OF REFERRAL:

Newspaper: _____ Radio: _____

Organization: _____ Employee: _____

Other: _____

Are You Related To Any FRHA Employee Or Board Member: _____ Yes _____ No

If Yes Who? _____

Should I Be Employed By The Fall River Housing Authority, I Understand That Any Misrepresentation in this Application Is Sufficient Cause For Dismissal, And That Such Finding Will Be Made A Permanent Part Of My Personnel File At The Authority.

I Hereby Authorize The Fall River Housing Authority To Investigate The Information Listed. It Is Understood That In Accepting This Application, The Fall River Housing Authority Does Not Promise Employment.

Signed: _____

Date Submitted: _____

ALL SUBMITTED APPLICATIONS MUST BE ACCURATELY AND FULLY COMPLETED AND MUST BE ACCOMPANIED BY A CURRENT RESUME

Please Return Your Completed Application And Resume By Deadline Date to Address Listed Below:

FALL RIVER HOUSING AUTHORITY
85 MORGAN STREET
P.O. BOX 989
FALL RIVER, MA 02722

The Fall River Housing Authority Is An Equal Employment Opportunity/Affirmative Action Employer. No Qualified Individual With A Disability Shall, Solely On This

Basis, Be Subjected To Discrimination In Employment With The Fall River Housing Authority.

Applicant Data Record

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex national origin, ancestry, disability, age, sexual orientation, gender identity, pregnancy or pregnancy-related conditions, marital or veteran status.

As employers/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 the Data Record.

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

Date _____

Position Applied For: _____

Name: _____ Phone: () _____

Address _____

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Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only, and may be completed **on a voluntary basis**. This survey is **not required to be considered for employment with the Fall River Housing Authority**.

Check one: _____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic _____ Cape Verdean
_____ American Indian/Alaskan Native _____ Asian/Pacific Islander