



85 Morgan Street  
Fall River, MA 02721

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## EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Date Available To Begin Employment: \_\_\_\_\_

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### **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.

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**EDUCATIONAL BACKGROUND:**

(List Most Recently Attended First)

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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.

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business Position: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Business Position:** \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business Position: \_\_\_\_\_

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**SOURCE OF REFERRAL:**

Newspaper: \_\_\_\_\_ Radio: \_\_\_\_\_

Organization: \_\_\_\_\_ Employee: \_\_\_\_\_

Other: \_\_\_\_\_

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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.

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## 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.

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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