



SPRINGFIELD  
HOUSING  
AUTHORITY

## SPRINGFIELD HOUSING AUTHORITY

25 Saab Court

Springfield, MA 01104

Human Resources Tel. (413) 785-4508 • Fax (413) 785-4516

### APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants will receive consideration without regard to race, color, religion, national origin, , sex, age, disability sexual orientation, military status, and genetics.

Date \_\_\_\_\_

Desired Position	_____		
Name	_____		
First	Middle	Last	
Address	_____		
Daytime Phone ( )	_____	Evening Phone ( )	_____
Date Available to Work	_____		

Education	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degrees Received
High School		1 2 3 4	Y N	
Undergraduate College/ University		1 2 3 4	Y N	
Graduate/ Professional		1 2 3 4	Y N	
Other: (Specify) _____		1 2 3 4	Y N	

Describe any additional specialized training or certifications you possess that may be helpful in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience	Please summarize your previous employment experience, starting with your current or most recent job. Include all jobs worked within the past five years as well as any job-related military service and volunteer experience. Use additional space on Page 4 if necessary.			
<b>1</b>	Current employer (Name and address – Type of business)	Dates of Employment From      To		Position _____ Salary _____ Reason for Leaving _____
	Duties Performed		Supervisor's Name	Phone Number _____ (    )      May We Contact? Y N
<b>2</b>	Previous employer (Name and address – Type of business)	Dates of Employment From      To		Position _____ Salary _____ Reason for Leaving _____
	Duties Performed		Supervisor's Name	Phone Number _____ (    )      May We Contact? Y N
<b>3</b>	Previous employer (Name and address – Type of business)	Dates of Employment From      To		Position _____ Salary _____ Reason for Leaving _____
	Duties Performed		Supervisor's Name	Phone Number _____ (    )      May We Contact? Y N
<b>4</b>	Previous employer (Name and address – Type of business)	Dates of Employment From      To		Position _____ Salary _____ Reason for Leaving _____
	Duties Performed		Supervisor's Name	Phone Number _____ (    )      May We Contact? Y N

Is additional information provided on Page 4?    Y    N



# Skills

Please list any job-related skills that you possess that are relevant to your application

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**Language Skills** Please indicate your level of ability in English and any other language(s). Use additional space on Page 4 if necessary. (Circle the appropriate levels)

Language	English			Language			
<b>Reading Ability</b>	Fair	Good	Fluent	<b>Reading Ability</b>	Fair	Good	Fluent
<b>Writing Ability</b>	Fair	Good	Fluent	<b>Writing Ability</b>	Fair	Good	Fluent
<b>Speaking Ability</b>	Fair	Good	Fluent	<b>Speaking Ability</b>	Fair	Good	Fluent

# General

Please answer the following questions

(Circle one)

1. Have you previously been employed by the SHA? Y N  
If so, state job title and dates of employment: \_\_\_\_\_
2. Does a member of your immediate family work for the SHA? (For the purpose of this question, the term immediate family includes a spouse, brother, sister, parents, in-laws, or any person who resides in your household.) Y N  
If so, provide their name(s), address, position at the SHA, and relationship to you. \_\_\_\_\_
3. Are you either a public housing resident or a participant in a subsidized certificate or voucher program? If so, please indicate dates of participation: From \_\_\_\_\_ To \_\_\_\_\_ Y N
4. Are you lawfully able to work in the United States? (All new hires will be required to provide proof of eligibility to work in the U.S.) Y N
5. If you are under the age of 18, can you obtain a work permit? Y N  
N/A
5. Do you have a valid Driver's License? Y N

Please read the following statement *carefully*

I hereby affirm that I have read and understand this application and that the information that I have provided on and with this application is true and complete to the best of my knowledge. I agree that any omission or falsified information will disqualify me from further consideration for employment and will be considered justification for my immediate **dismissal** if discovered at a later date.

I hereby authorize persons, schools, current employer (if applicable) and previous employers and organizations listed in this application (and accompanying resume, if any) to provide Springfield Housing Authority with any relevant information that may be required to arrive at an employment decision. I hereby release said persons and entities and Springfield Housing Authority from any and all liability for providing this information.

I acknowledge that any offer employment is contingent upon successful completion of drug and alcohol screening and a pre-employment physical examination as well as Criminal Offender Record Information screening.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*The Springfield Housing Authority may ask you to provide references.*

If necessary, please use this page to include any additional information.



Lined writing area with 30 horizontal lines.

