

Knox County Housing Authority
216 W. Simmons Street, Galesburg, IL 61401
Ph.: (309) 342-8129 Fax: (309) 342-7206

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Name:		Date of Application:	
Street Address:		City:	State: Zip:
Home Phone:		Alternate Phone Number:	
Social Security Number:		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) Applied For:		Date available for work:	
Do you want to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			
How did you learn about us: <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
Have you ever worked for us previously <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give dates of employment:			
Have you ever been convicted of a crime? Is so, when, where and nature of offense (excluding misdemeanors and traffic offenses)?			
Do you currently have any relatives employed by the Authority or are a member of the Board of Commissioners? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s):			

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree Received
High School				
College				
Technical				
Other				

EMPLOYMENT EXPERIENCE

List your work history for a minimum of FIVE years. Start with the present and work backwards. Include: 1) all full-time jobs, 2) all part-time jobs, 3) all periods of self-employment, and 4) all periods between jobs. When between jobs, enter UNEMPLOYED in the space for "Employer", show the dates, and explain period between jobs.

Are you currently employed? ☐ Yes ☐ No. If yes, may we contact this employer? ☐ Yes ☐ No

Employer:	Dates Employed: From: To:
Address:	Hourly Rate/Salary:
Telephone Number:	Duties and Responsibilities:
Supervisor:	
Your Job Title:	
Reason for Leaving:	

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Telephone Number:	Duties and Responsibilities:
Supervisor:	
Your Job Title:	
Reason for Leaving:	

If you need additional space, please continue on a separate sheet of paper.

SPECIALIZED SKILLS

Summarize special job related skills or qualifications acquired from employment or volunteer experiences.

List professional, business, or civic activities and offices held. *You may exclude membership which would reveal gender, religion, national origin, age, ancestry, disability or other protected status.*

Describe any military training, apprenticeship or vocational skills training you have received.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Name:	Street Address:
City:	State/Zip:
Relationship:	Years known:

Name:	Street Address:
City:	State/Zip:
Relationship:	Years known:

Name:	Street Address:
City:	State/Zip:
Relationship:	Years known:

Please read carefully before signing this form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Knox County Housing Authority to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a pre-employment drug screen may be required. (Note: If this is a job requirement, you will be notified).
4. Regardless of whether or not I become employed by the housing authority, I recognize that this application will remain active for only ninety (90) days and should not be considered a contract of employment. I understand that employment at the housing authority is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the housing authority's, unless specifically provided otherwise in a written employment contract. I further understand that no housing authority employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the housing authority and then only by means of a signed, written document.

Signature of Applicant

Date

