

**AURORA HOUSING AUTHORITY**  
Employment Application



The Aurora Housing Authority™

**An Equal Opportunity Employer** We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on the last page of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

| APPLICANT INFORMATION  |    |                   |                              |                             |  |                |  |                              |                             |
|--|----|-------------------|------------------------------|-----------------------------|--|----------------|--|------------------------------|-----------------------------|
| Last Name  |    |                   | First                        |                             |  | M.I.           |  | Date                         |                             |
| Street Address   |    |                   |                              |                             | Apartment/Unit #                               |                |  |                              |                             |
| City   |    |                   |                              | State                       |  | ZIP            |  |                              |                             |
| Phone  |    |                   |                              | E-mail Address              |  |                |  |                              |                             |
| Date Available   |    |                   | Social Security No.          |                             |  | Desired Salary |  |                              |                             |
| Position Applied for   |    |                   |                              |                             |  |                |  |                              |                             |
| Are you a citizen of the United States?  |    |                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |                |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company?   |    |                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                |  |                              |                             |
| Have you ever been convicted of a felony?  |    |                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                |  |                              |                             |
| Are you related to anyone currently employed with Aurora Housing Authority? YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                   |                              |                             |  |                |  |                              |                             |
| EDUCATION  |    |                   |                              |                             |  |                |  |                              |                             |
| High School  |    |                   | Address                      |                             |  |                |  |                              |                             |
| From   | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree   |                |  |                              |                             |
| College  |    |                   | Address                      |                             |  |                |  |                              |                             |
| From   | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree   |                |  |                              |                             |
| Other  |    |                   | Address                      |                             |  |                |  |                              |                             |
| From   | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree   |                |  |                              |                             |
| REFERENCES   |    |                   |                              |                             |  |                |  |                              |                             |
| <i>Please list three professional references.</i>  |    |                   |                              |                             |  |                |  |                              |                             |
| Full Name  |    |                   |                              |                             | Relationship                                   |                |  |                              |                             |
| Company  |    |                   |                              |                             | Phone  |                |  |                              |                             |
| Address  |    |                   |                              |                             |  |                |  |                              |                             |
| Full Name  |    |                   |                              |                             | Relationship                                   |                |  |                              |                             |
| Company  |    |                   |                              |                             | Phone  |                |  |                              |                             |
| Address  |    |                   |                              |                             |  |                |  |                              |                             |
| Full Name  |    |                   |                              |                             | Relationship                                   |                |  |                              |                             |
| Company  |    |                   |                              |                             | Phone  |                |  |                              |                             |
| Address  |    |                   |                              |                             |  |                |  |                              |                             |

**PREVIOUS EMPLOYMENT**

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully pass a drug and alcohol screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I hereby consent to a pre- and/or postemployment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|