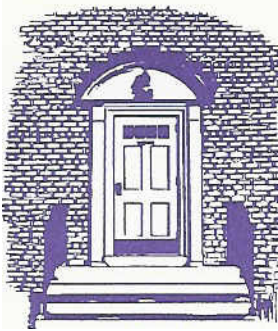


**THE MUNICIPAL HOUSING
AUTHORITY FOR THE CITY OF
YONKERS**



ADMINISTRATION OFFICE

1511 CENTRAL PARK AVENUE

P.O. BOX 35, YONKERS, N.Y. 10710 TEL: (914) -793-8400
FAX: (914) -793-6916

The Municipal Housing Authority for the City of Yonkers is an equal opportunity employer and does not discriminate in its decisions on hiring, firing, promotion, discipline, or any other term and condition of employment on the basis of sex, age, race, color, religion, national origin, disability, veteran status or any other characteristic protected by law. The Municipal Housing Authority is fully committed to maintaining a workplace free from all discrimination. If you have a disability and require a specific accommodation in order to proceed with your application, please contact the Housing Authority by calling Jo-Ann Rodriguez at 914-793-8400 Ext. 111.

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

1. Position for which you are applying: _____
2. Name: _____
(Last) (First) (Middle)
3. Current Legal Address: _____
City, State, Zip _____
4. Telephone Number(s): _____
(Daytime) (Evening) (Name & Number of Person
if you cannot be reached)
5. Social Security Number: _____
6. Are you legally eligible for employment in the U.S.? Yes _____ No _____

NOTE: IF YOU ARE SELECTED FOR EMPLOYMENT, FEDERAL LAW REQUIRES THAT YOU SUBMIT DOCUMENTATION DEMONSTRATING YOUR CITIZENSHIP OR STATUS AS AN ALIEN AUTHORIZED IN THE UNITED STATES.

7. I have been a legal resident of Yonkers since (date): _____
8. Have you ever applied for a position with any agency within the City of Yonkers?
Yes _____ No _____
If yes, Agency: _____ Date: _____

9. Have you ever been employed with any agency within the City of Yonkers?

Yes _____ No _____

If yes, Agency _____ Dates of Employment _____

10. Do you have any relatives now working for the City of Yonkers?

Yes _____ No _____

If yes, please provide name(s), department(s) and relationship(s) _____

11. Do you possess a valid Driver's License? Yes _____ No _____

State _____ Class _____ Expiration Date _____ I.D. Number _____

12. Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, please explain: _____

13. Were you ever dismissed or discharged from any employment for reasons other than reduction in workforce or lack of funds? Yes _____ No _____

If yes, please explain: _____

14. Did you ever resign from any employment rather than face dismissal or discharge? Yes _____ No _____

If yes, please explain: _____

15. Have you served in the Armed Forces of the United States? Yes _____ No _____

If yes, what type of education, training, work experience did you receive while in the military? _____

16. Have you ever been convicted of any crime (felony or misdemeanor)? Yes _____ No _____

If yes, please explain: _____

17. Have you ever forfeited a bail bond posted to answer any criminal charges?

Yes _____ No _____

If yes, please explain: _____

NOTE: A conviction does not automatically mean you cannot be hired. What you were convicted of and how long ago, are very important factors. Give the facts so a decision can be made.

EDUCATION

18. Circle highest grade completed in school– 1 2 3 4 5 6 7 8 9 10 11 12

| Level | Name & Address | No. of Years | From Mo. Yr | To Mo. Yr. | Major | Degree Awarded | Date Awarded |
|-------------|----------------|--------------|-------------|------------|-------|----------------|--------------|
| High School | | | | | | | |
| College | | | | | | | |
| Other | | | | | | | |

19. Do you possess a High School Equivalency Diploma? Yes ___ No ___

If yes, please provide: State _____ Year _____ Certificate Number _____

**PRIOR WORK HISTORY/
EXPERIENCE**

20. Please provide all work experience for the last 10 years. List in reverse order, last or present employment first. Include any related military experience, or volunteer experience. Do not attach or send a resume.

A. Name of Employer _____ Title _____

Dates of Employment _____

Supervisor's Name _____ Supervisor's Tel# _____

hours worked per week _____ #day worked per week _____

Reason for leaving _____

Briefly describe duties: _____

B. Name of Employer _____ Title _____

Dates of Employment _____

Supervisor's Name _____ Supervisor's Tel# _____

hours worked per week _____ #day worked per week _____

Reason for leaving _____

Briefly describe duties: _____

C. Name of Employer _____ Title _____

Dates of Employment _____

Supervisor's Name _____ Supervisor's Tel# _____

hours worked per week _____ #day worked per week _____

Reason for leaving _____

Briefly describe duties: _____

NOTE: Attach separate sheet for additional experience starting with "D".

MEDICAL EXAMINATION

21. I understand that subsequent to the Municipal Housing Authority for the City of Yonkers offering me employment based on this application, but prior to my first day of employment, the Municipal Housing Authority for the City of Yonkers will require me to undergo a medical examination performed by a physician of its choice. I also understand that the Municipal Housing Authority for the City of Yonkers may condition my employment on successful completion of the medical examination. I acknowledge that the Municipal Housing Authority for the City of Yonkers has informed me that all new employees are subject to the same examination, the information concerning the examination is kept confidential and in separate files, and the results are not used for discriminatory purposes.

Date

Signature of Applicant

CERTIFICATION

22. I certify that the information entered on this application (including any attached documents) are true and correct to the best of my knowledge. I am aware that any falsification of fact on this application may be grounds for disqualification or termination of services. I understand that this application is a continuing application and I have ongoing obligation to advise the Municipal Housing Authority for the City of Yonkers if any of the facts stated herein become inaccurate after I have been granted employment. I also understand that pursuant to Article 210.45 of the New York State Penal Law, it is a crime punishable as a Class “A “ Misdemeanor to knowingly make a false statement herein.

Date

Signature of Applicant

**AUTHORIZATION AND DISCLOSURE FOR PROCUREMENT OF
MOTOR VEHICLE DRIVER LICENSE RECORDS AND/OR DRIVING RECORDS**

APPLICANT CONSENT

I understand and agree that the Municipal Housing Authority for the City for Yonkers will verify all or part of the information I have provided in my application (including in the attached documents). I hereby authorize the Municipal Housing to procure a consumer report which contains information relating to my motor vehicle driver license records and/or my motor vehicle driving records, or make any other inquiry into my motor vehicle driving record. For purposes of obtaining these records, I hereby agree to provide my date of birth in the space provided. _____. If I am granted employment, I further authorize the Municipal Housing Authority for the City of Yonkers to subsequently, from time to time, request such consumer reports or records, other than investigative consumer reports, in connection with my employment. I release and hold harmless from all liability the Municipal Housing Authority for the City of Yonkers and its representatives as a result of collecting these records and any individual or entity supplying these records. I understand that upon written request to the Municipal Housing Authority for the City of Yonkers, I will be informed whether an investigative consumer report was requested, and be given complete and accurate disclosure as to the nature and scope of the investigation requested.

Date

Signature of Applicant

**AUTHORIZATION AND DISCLOSURE FOR PROCUREMENT OF
CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS**

APPLICANT CONSENT

I understand and agree that the Municipal Housing Authority for the City of Yonkers will verify all or part of the information I have provided in my application (including in the attached documents. I hereby authorize the Municipal Housing Authority for the City of Yonkers to procure a consumer report and/or an investigative consumer report on me, and make any inquiry into my credit history, criminal and civil records, prior employment (including contacting prior employers), education (including degree, GPA and attendance) as well as other public record information. I understand that an investigative consumer report commonly includes information concerning character, general reputation, personal characteristics or mode of living. That information may be obtained through personal interviews with my neighbors, friends, associates or others with whom I am acquainted. If I am granted employment, I further authorize the Municipal Housing Authority for the City of Yonkers to subsequently, from time to time, request consumer reports, other than investigative consumer reports, in connection with my employment. I release and hold harmless from all liability the Municipal Housing Authority for the City of Yonkers and its representatives as a result of collecting these records and any individual or entity supplying these records. I understand that upon written request to the Municipal Housing Authority for the City of Yonkers, I will be informed whether an investigative consumer report was requested, and be given complete and accurate disclosure as to the nature and scope of the investigation requested.

Date

Signature of Applicant

**APPLICANT CONSENT AGREEMENT FOR
SUBSTANCE ABUSE TEST**

The Municipal Housing Authority for the City of Yonkers has a substance abuse policy.

I understand that as part of the background investigation process I may be required to participate in a test for the use of intoxicants and/or controlled substances and that evidence of the use of intoxicants and/or controlled substances may lead to my disqualification from appointment or termination from employment. I also understand that if I refuse to participate in such test I will be removed from further consideration for employment.

I hereby consent to the administration of testing for this purpose and to the terms of this consent agreement. I further consent to the release of my test results and medical examination findings to authorized officials of the Municipal Housing Authority for the City of Yonkers for their review.

Date

Signature Applicant