

# EMPLOYMENT APPLICATION

ALLEGHENY COUNTY HOUSING AUTHORITY

625 Stanwix Street, 12<sup>th</sup> floor  
PITTSBURGH, PA 15222

Today's Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First

Please list any former names that employment or school records may be under: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Business Telephone#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Are you at least 18 years old? Yes  No

Are you willing to work overtime? Yes  No

Do you possess a current Pennsylvania Driver's License? Yes  No  Operator# \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  \*If yes, what were the circumstances: \_\_\_\_\_

Do you have any relatives working for the Housing Authority? Yes  No

Their Name \_\_\_\_\_ Position \_\_\_\_\_

Relationship \_\_\_\_\_

## EDUCATION AND TRAINING

High School \_\_\_\_\_ Highest Grade Attended \_\_\_\_\_  
Name Location

Diploma Received? Yes  No  G.E.D. Yes  No

College \_\_\_\_\_ Major \_\_\_\_\_  
Name Location

Degree Received? Yes  No

Vocational Training Completed \_\_\_\_\_ Name of Institution \_\_\_\_\_  
Course Names

Are you taking any classes or attending school now? Yes  No

Where? \_\_\_\_\_

Please list other training or skills that you have received \_\_\_\_\_

*\*ACHA reserves the right to conduct criminal background investigations prior to extending an offer of employment. Convictions do not preclude employment, but will be considered in relation to specific job requirements.*

ACHA is an EQUAL OPPORTUNITY EMPLOYER

# EMPLOYMENT HISTORY

List last three employers. Start with present or most recent employer.

	(1)	(2)	(3)
<b>EMPLOYER</b>			
<b>ADDRESS</b>	Street:	Street:	Street:
	City: State: Zip:	City: State: Zip:	City: State: Zip:
	Telephone #	Telephone #	Telephone #
<b>Position/Brief description of job duties</b>			
<b>Supervisor's Name/Title</b>			
<b>Annual Salary</b>	\$	\$	\$
<b>Dates Employed</b>	From: To:	From: To:	From: To:
<b>Reason for Leaving</b>			

If you do not want us to contact any of the above for factual verification, please indicate those whom we should not contact.

# REFERENCES

Please furnish complete and correct information of three people who will inform us of your character and ability.

	(1)	(2)	(3)
<b>NAME</b>			
<b>ADDRESS</b>	Street:	Street:	Street:
	City: State: Zip:	City: State: Zip:	City: State: Zip:
	Telephone #	Telephone #	Telephone #
<b>Occupation/ Employer</b>			

## NOTICE

IN COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973 AS AMENDED, THE ALLEGHENY COUNTY HOUSING AUTHORITY (ACHA) DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY, PHYSICAL OR MENTAL, IN THE ADMISSION OF OR ACCESS TO THE PUBLIC HOUSING - OR IN THE TREATMENT OF EMPLOYEES OR APPLICANTS FOR EMPLOYMENT. ANY DISCRIMINATION ON THIS BASIS IS ILLEGAL.

I certify that these statements are true and correct to the best of my ability. (Deliberate falsification of information shall be grounds for rejection or termination of employment if ascertained after hire).

Signature

This application will be kept on file for twelve months from date of receipt.