JOB APPLICATION

Muskegon Heights Housing Commission 615 E Hovey Ave, Muskegon, Michigan 49444 (231) 733-2033

Muskegon Heights Housing Commission is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address: Date of Application:										
Employment Position Position(s) applying for:										
How did you hear about this position?										
What days are you available for work? What hours or shift are you available for work? If needed, are you available to work overtime?										
					On what date can you start working if you are hired? Do you have reliable transportation to and from work?					
					Salary desired:					
Personal Information Have you ever applied to or worked for Muskegon Heights Housing Commission before? If yes, when?	Yes	No								
Do you have any friends, relatives, or acquaintances working for Muskegon Heights Housing Commission	Yes	No								

If yes, state name & relation	ship:				
Are you 18 years of age or o	lder?		 Ye:	s No	
Are you a U.S. citizen or app	roved to work in the Unite	d States?	Yes	s No	
What document can you pro					
Will you consent to a manda	atory controlled substance	test?	Yes	s No	
Do you have any condition w	Do you have any condition which would require job accommodations?				
If yes, please describe accon	nmodations required below	v.			
Have you ever been convicted of yes, please state the nature case:	·	•		_	
(Note: No applicant will be offense. The date of the offenthe description of the event, the position(s) applied for ma	nse, the nature of the offer and the surrounding circu	nse, including any sign Imstances and the rel	nificant details t	hat affect	
Job Skills/Qualifications Please list below the skills and	d qualifications you posses	s for the position for v	vhich you are a	pplying:	
(Note: Muskegon Heights Hou accommodation measures the essential functions.)	,				
Education and Training					
High School	, , , , , , , , , , , , , , , , , , ,		l 5 -		
Name	Location (City, State)	Year Graduated	Degree Ea	irned	

College/University

College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
ocational School/Specializ			
Name	Location (City, State)	Year Graduated	Degree Earned
⁄lilitary:			
Are you a member of the A	rmed Services?		
What branch of the military	y did you enlist?		
What was your military ran	k when discharged?		
How many years did you se			
	·		
What military skills do you	possess that would be an as	set for this position?	
<u> Previous Employment</u>			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Supervisor Name: Employer Address:			
Supervisor Name: Employer Address: City, State and Zip Code:			
Supervisor Name: Employer Address:			

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information
AT-WILL EMPLOYMENT	
"employment at will." This means that your entereason, with or without cause, with or without Commission. No representative of Muskegon Heigany agreement contrary to the foregoing "employemployment is "at will," and that you acknown representations regarding your employment can	on Heights Housing Commission is referred to as imployment can be terminated at any time for any notice, by you or the Muskegon Heights Housing ghts Housing Commission has authority to enter into rment at will" relationship. You understand that your owledge that no oral or written statements or alter your at-will employment status, except for a Executive Vice-President/Chief Operations Officer or
Applicant Signature:	Dated: