



APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Capitol Hill Housing (CHH). CHH is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, ancestry, gender, age, religion, marital, veteran, or citizenship status, national origin, sexual orientation, political ideology, the presence of any sensory, mental or physical disability, or any other proclamation prohibited by local, state or federal law. PLEASE PRINT.

Full Legal Name

Home Street Address

City State Zip Email

Home Telephone # (_____) _____ Alternate Telephone# (_____) _____

Employment Desired

Position _____ Part-Time ___ Full-Time ___ Temporary ___

Are you available/willing to work: **Weekends** Yes ___ No ___ **Evenings** Yes ___ No ___ **Shifts** Yes ___ No ___ **Travel** Yes ___ No ___

Have you worked for Capitol Hill Housing before? Yes ___ No ___ If yes, when? _____

Have you applied for employment with CHH before? Yes ___ No ___ If yes, when? _____

How did you hear about this opening?

Newspaper Capitol Hill Housing Website Community Organization
On-Line List Site _____ Current Staff Give Name _____

Are you **under** 18 years old? Yes ___ No ___ (All employees under 18 years old must provide proof of eligibility to work)
Do you have the legal right to work in the United States? Yes ___ No ___ All new employees are required to complete an Employment Eligibility I-9 form.

Eligibility

Have you been **convicted** of a felony in the past 7 years? Yes ___ No ___

If yes, please provide date(s) and description of the circumstances of the conviction(s).

Convictions will not necessarily disqualify you from employment. Factors such as age at the time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Work Experience: Please list your employment experience, beginning with your present or most recent position. Please include any job-related military service assignments or volunteer activities. You may exclude organizations which indicate race, color, ancestry, gender, age, religion, marital, veteran, or citizenship status, national origin, sexual orientation, political ideology, the presence of any sensory, mental or physical disability, or other protected status. Attach additional pages if necessary. **A resume may not substitute for this information.**

If you are currently employed may we contact your current employer? Yes ___ No ___

Employer _____

Address _____
Street City State Zip Code

Supervisor _____ Telephone (_____) _____

Position _____ Dates of Employment _____ To _____

Salary _____ Reason for Leaving _____

Duties/Significant Achievements

Employer _____

Address _____
Street City State Zip Code

Supervisor _____ Telephone
(_____) _____

Position _____ Dates of Employment _____ To _____

Salary _____ Reason for Leaving _____

Duties/Significant Achievements

Employer _____

Address _____
Street City State Zip Code

Supervisor _____ Telephone (_____) _____

Position _____ Dates of Employment _____ To _____

Salary _____ Reason for Leaving _____

Duties/Significant Achievements

Employer _____

Address _____
Street City State Zip Code

Supervisor _____ Telephone (_____) _____

Position _____ Dates of Employment _____ To _____

Salary _____ Reason for Leaving _____

Duties/Significant Achievements

Education and Training

List education and all applicable training; attach additional sheets if necessary.

Do you have a high school diploma or equivalent? Yes ___ No ___

Degrees/ Certifications

Schools/Location:

Degree/Certification Received:

Volunteer/Activities

Please describe all volunteer work or activities in which you participate that you consider significant, including hobbies.

Are you aware of any facts that could prevent you from obtaining personal coverage under a Bond? Yes ___ No ___

Have you reviewed the job description? Yes ___ No ___

If yes, can you perform the essential functions of the position with or without reasonable accommodations? Yes ___ No ___

Typing Speed WPM _____ Ten Key SPM _____

Check all that apply:

MS Word ___ Excel ___
Access ___ PowerPoint ___
Outlook ___ Internet ___

List Others:

Driving Positions

Do you have a reliable vehicle? Yes ___ No ___

References

Please list three people who are familiar with your performance at work, school or volunteer service capacity. Do not list members of your family, household, or supervisors listed in the employment section of this application.

Name	Relationship	Known How Long?	Telephone Number
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APPLICANT’S AUTHORIZATION AND AGREEMENT

I understand that filling out this application does in no way obligate CHH to offer me employment.

I certify that the facts set forth in this application and accompanying documents as well as the facts represented verbally in any interview are true, correct, and complete to the best of my knowledge. I understand and agree that any misrepresentation or false statement made in this application, any accompanying documents, or during my interview may result in ineligibility for employment or if discovered after I am employed my immediate discharge.

I understand that CHH may hereby authorize solicitation information regarding my character, general reputation, felony record, driving record, previous employment, criminal background, and credit information. CHH may contact any and all former employers and references I have listed on my application. More information about the nature and scope of such an inquiry, if one is made, will be provided if requested. I also authorize my former employers and references to disclose such information to CHH without providing me with prior notice of such disclosure. In addition, I release all parties and persons, including but not limited to CHH, former employers and references I have listed on my application, and any persons or entities acting on their behalf, from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release CHH from any liability for future references it may provide regarding my work history with CHH.

I understand and agree that nothing contained in this application, or conveyed to me during any interview, is intended to create an employment contract. I further agree that, if hired, I will be employed “at will” and either CHH or I may terminate my employment and compensation at any time, for any reason, with or without prior notice. I further understand that no one other than the Executive Director of CHH has the authority to enter into any agreement, oral or written, for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement with the Executive Director of CHH must be in writing.

PLEASE NOTE: Due to high volume, we cannot accept telephone calls regarding employment applications.

Signature _____ Date _____

Name (Print) _____

Capitol Hill Housing

As a federal contractor Capitol Hill Housing is required to provide the federal government with information regarding its recruitment. **Participation is voluntary and in no way impacts your consideration for a position.**

Date: _____

Name: _____
Please Print

Position (s) Applied for _____

Gender/Sex Female _____ Male _____

Are you disabled? Yes _____ No _____

Are you a veteran? Yes _____ No _____

Please make a check on the line which best describes your race/ethnicity:

_____ **American Indian/Alaskan Native**

_____ **Asian**

_____ **Pacific Islander**

_____ **Black/African American**

_____ **White/Caucasian**

_____ **Latino/Hispanic**

_____ **Multiracial**

Thank you very much for your participation. Please return this document separate from your employment application.