



701 South Sixth Street
 Nashville, Tennessee 37206
 Jobline: (615)780-7025
 Fax: (615)780-7019
 http://nashville.gov/mdha/
 personnel@nashville-mdha.org

POSITION FOR WHICH YOU ARE APPLYING

FOR OFFICE USE ONLY
 Date Received _____



APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

MDHA is an Equal Employment Opportunity Employer and hires regardless of race, color, age, national origin, marital status, sex, disability, religion, genetic information, or any other legally protected status.

NOTE:

You have been asked to complete this application because of our sincere interest in your qualifications. Please help us make a fair appraisal of your qualifications by answering fully, accurately and honestly. Falsification of any information may be grounds for refusal to hire, or for termination if the falsity is discovered after the applicant is hired.

Name _____
 (Last) (First) (Middle) (Other Name Used)

Address _____
 (Street Address) (Apt. Number)

 (City) (State) (Zip Code)

Telephone Numbers:
 Home _____
 Cellular/Pager _____
 E-mail Address _____

Will you accept:

If hired, how much notice will you need before you can report to work? _____ days full-time employment YES NO

May inquiry be made of present employer? YES NO contract/temporary employment YES NO

May inquiry be made of former employers? YES NO part-time employment YES NO

Would you be willing to work overtime or be on call after regular hours? YES NO

What is the minimum salary you will accept? \$ _____ Date Available _____

If you have ever worked for MDHA please complete the following: Position: _____ Dates: _____

If you are related to anyone now working for the agency, please complete the following:

 (Name) (Department) (Relationship)

Are you able to perform the essential functions of the position for which you have applied, with, or without a reasonable accommodation? YES NO

Check "YES" or "NO" for each of the following questions. **If you answer "YES" to any question, please give complete details below.**

- A. Have you ever served in the Armed Forces or Military Reserves? YES NO
 If "YES," state below the branch of service, dates, and any job-related training received.
- B. Have you ever been convicted for violation of the law other than minor traffic offenses? If yes, please indicate below the nature of the violation, the sentence, the date, location, and any other relevant information. (A conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought.) YES NO
- C. Have you ever been discharged or forced to resign from employment? YES NO

GIVE COMPLETE DETAILS BELOW FOR ALL "YES" ANSWERS FOR QUESTIONS A, B, AND C ABOVE.

Question #	Explanation
A	
B	
C	

Do you have a **valid** driver's license? YES NO State _____ Number _____

The answer to this question is relevant only if the position being sought requires a driver's license. If the position requires a valid driver's license, the applicant's motor vehicle record may be obtained to verify the status of the license.

Do you have a commercial driver's license? YES NO State _____ Number _____

If "YES," what endorsements? _____

EDUCATION AND TRAINING

Did you graduate from High School? YES NO If not, have you passed a GED test? YES NO
 Date passed _____ Score _____
If hired, a copy of the GED is required.

HIGH SCHOOL ATTENDED	
NAME OF HIGH SCHOOL	ADDRESS AND TELEPHONE NUMBER

COLLEGES/UNIVERSITY/TECHNICAL SCHOOLS ATTENDED				
NAME AND LOCATION OF SCHOOL(S)	TYPE OF DEGREE	MAJOR / MINOR	Total Hours Completed Quarters or Semesters	DID YOU GRADUATE?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

TECHNICAL SKILLS

- Word Processing Software Email Communication Software Report Writing Software
 Spreadsheet Software Database Software Desktop Publishing Software
 Presentation Software Typing Speed (net words per minute) _____

Programming Experience: _____

Network Experience: _____

Software Experience: _____

Describe below any specialized job knowledge or skills you may possess such as the operation of machines, etc., or abilities gained through schooling or work experience. Give any additional information concerning yourself which you believe should affect consideration for a position. _____

Are you licensed to practice a trade or profession? YES NO If "YES," give details below.

Name of License/Certification	Issued by	Date Issued	Date Expires

List three references who are not related to you who have knowledge of your qualifications and fitness. Do not list your present supervisor.

Name _____ How long has this person known you? _____ years

Address _____ Telephone Numbers:
 Home _____
 Business _____

Name _____ How long has this person known you? _____ years

Address _____ Telephone Numbers:
 Home _____
 Business _____

Name _____ How long has this person known you? _____ years

Address _____ Telephone Numbers:
 Home _____
 Business _____

COMMENTS:

EMPLOYMENT RECORD

It is important that you furnish all information requested below in detail to enable us to give you full credit in determining your qualifications. Start with your present employment and work back, explaining clearly the details of your job. Military experience should be listed only on page 2 where indicated. If you have never been employed or are now unemployed, indicate that fact in the space provided below for your present employment. If additional space is needed, please attach on plain paper. Failure to provide complete information may limit consideration of work experience.

Do not leave unexplained gaps in your employment dates.

Present Employer _____ Telephone Number _____
 Address _____ Type of Business _____

 Employment dates: from _____ to _____ Length of Employment _____
 Beginning Salary \$ _____ Last Salary \$ _____ Hours worked per week _____
 Your Title _____ Number of employees you supervised: _____
 Duties _____

 Your supervisor's name and title _____
 Reason for leaving this job _____

Employer _____ Telephone Number _____
 Address _____ Type of Business _____

 Employment dates: from _____ to _____ Length of Employment _____
 Beginning Salary \$ _____ Last Salary \$ _____ Hours worked per week _____
 Your Title _____ Number of employees you supervised: _____
 Duties _____

 Your supervisor's name and title _____
 Reason for leaving this job _____

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 Beginning Salary \$ _____ Last Salary \$ _____ Hours worked per week _____
 Your Title _____ Number of employees you supervised: _____
 Duties _____

 Your supervisor's name and title _____
 Reason for leaving this job _____

SELF-DECLARATION

Note: Completion of this section is optional. In some cases, however, hiring preferences can be given to low-income persons, in compliance with Section 3 of the Housing and Community Development Act of 1968.

I do hereby declare that the annual gross income of my household meets one of the following guidelines: (Please check the appropriate number of persons and the level of gross annual income that applies to your household.)

# IN HOUSEHOLD	ANNUAL GROSS INCOME	# IN HOUSEHOLD	ANNUAL GROSS INCOME
<input type="checkbox"/> 1 person _____	(not more than) \$35,400	<input type="checkbox"/> 5 people _____	(not more than) \$54,600
<input type="checkbox"/> 2 people _____	(not more than) \$40,450	<input type="checkbox"/> 6 people _____	(not more than) \$58,650
<input type="checkbox"/> 3 people _____	(not more than) \$45,500	<input type="checkbox"/> 7 people _____	(not more than) \$62,700
<input type="checkbox"/> 4 people _____	(not more than) \$50,550	<input type="checkbox"/> 8 people _____	(not more than) \$66,750

If you have any questions concerning this form, please contact the MDHA Human Resources Office at 252-8550.

* *Income guidelines updated as of March 31, 2009.*

ELIGIBILITY

I understand that if employment is offered to me by the Metropolitan Development and Housing Agency, this employment would be contingent upon my successfully passing a pre-employment physical, including a test for drugs (a copy of the drug testing procedures are available in the Human Resources Office). I authorize the examining physicians to release the results of my physical examination and drug test to the Metropolitan Development and Housing Agency by signing at the bottom of this page. Based on the position being sought, an acceptable conviction record and motor vehicle driving record may be required. I understand that MDHA's payroll is processed through automatic deposit into employee accounts with local financial institutions. In addition, I understand that smoking is prohibited in MDHA facilities and vehicles.

I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. In accepting employment with MDHA, I understand that this agency reserves the right to conduct reasonable searches of employee offices, desks, files, personal automobiles or other personal property on MDHA premises. I understand that my signature below indicates that I have read and understood all portions of this application.

Signature of Applicant

Date

This application is considered current for one year. At the end of this period, if you are still interested in employment, it will be necessary for you to re-apply by filling out a new application.

RELEASE OF INFORMATION

This is to inform you that as part of our procedure for processing your application or evaluating you for both initial employment and continued employment purposes, an investigative report may be made whereby information is obtained through public records and personal interviews with third parties, such as educational institutions, former employers, family members, business associates, friends, neighbors, or others with whom you are acquainted. This inquiry may include information about any conviction record, employment history, your motor vehicle driving record, your character and general reputation. Motor vehicle reports may be obtained by MDHA or its insurance company representatives, and may include personal information. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information obtained through the investigation.

As evidenced by my signature below, I do hereby authorize the Metropolitan Development and Housing Agency to inquire about and obtain information concerning my character, job performance, reasons for separation, and other information regarding my previous employment and academic achievement. I release my former employers and other persons from any and all liability or damages connected with furnishing such information. By signing this form, I also hereby provide my authorization for MDHA or its insurance company representatives to obtain motor vehicle reports as needed for MDHA business purposes.

Signature of Applicant

Date

ATTENTION APPLICANT

You must provide the following documents if you are offered a position with MDHA.
Failure to do so in a timely manner may cause you to forfeit any position offered to you.

1. DRIVER LICENSE
2. ORIGINAL SOCIAL SECURITY CARD
3. EDUCATION DOCUMENTATION

You cannot be hired for a position with MDHA before providing the above documents and passing all phases of the pre-hire process.

(If you need help obtaining the required documents please contact the Human Resources Office)