



701 South Sixth Street  
 Nashville, Tennessee 37206  
 Jobline: (615)780-7025  
 Fax: (615)780-7019  
 TDD: (615) 252-8599  
<http://www.nashville-mdha.org/>  
[personnel@nashville-mdha.org](mailto: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, sexual orientation, 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)

**Telephone Numbers:**

Home \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street Address) (Apt. Number)

Cellular \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

**Will you accept:**

If hired, how much notice will you need before you can report to work? \_\_\_\_\_ days  
 May inquiry be made of present employer?  YES  NO  
 May inquiry be made of former employers?  YES  NO  
 Would you be willing to work overtime or be on call after regular hours?  YES  NO

full-time employment  YES  NO  
 contract/temporary employment  YES  NO  
 part-time employment  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)

Do you have the right to work within the United States?  YES  NO

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

Have you ever been discharged or forced to resign from employment? **If you answer "YES", please give complete details below.**  YES  NO

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

All job positions require a valid driver's license. The applicant's motor vehicle record may be obtained to verify the status of the license.

**HIRING INFORMATION**

- All applicants must submit a job application for a position, regardless of whether you submit a resumé.
- If selected for a personal interview, you will be contacted by telephone.
- This application for this position is considered current for one year. If you are interested in a different position, you will need to fill out a new application.
- 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.

- DRIVER'S LICENSE**
- ORIGINAL SOCIAL SECURITY CARD**
- 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 a reasonable accommodation or assistance with language interpretation please contact the Human Resources Office at 615-252-8550)*

**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)	DATES ATTENDED	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
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

**TECHNICAL SKILLS**

List software for which you have work experience.

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

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

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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. List your present supervisor.

Business  Personal

How long has this person known you? \_\_\_\_\_ years

Name: \_\_\_\_\_

Telephone Numbers: Cell \_\_\_\_\_

Email: \_\_\_\_\_

Home \_\_\_\_\_

Business \_\_\_\_\_

Business  Personal

How long has this person known you? \_\_\_\_\_ years

Name: \_\_\_\_\_

Telephone Numbers: Cell \_\_\_\_\_

Email: \_\_\_\_\_

Home \_\_\_\_\_

Business \_\_\_\_\_

Business  Personal

How long has this person known you? \_\_\_\_\_ years

Name: \_\_\_\_\_

Telephone Numbers: Cell \_\_\_\_\_

Email: \_\_\_\_\_

Home \_\_\_\_\_

Business \_\_\_\_\_

**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. 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 \_\_\_\_\_ Contact Information \_\_\_\_\_  
City, State \_\_\_\_\_ 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: \_\_\_\_\_

Essential Duties \_\_\_\_\_

Your supervisor's name and title \_\_\_\_\_

Reason for leaving this job \_\_\_\_\_

Employer \_\_\_\_\_ Contact Information \_\_\_\_\_  
City, State \_\_\_\_\_ 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: \_\_\_\_\_

Essential Duties \_\_\_\_\_

Your supervisor's name and title \_\_\_\_\_

Reason for leaving this job \_\_\_\_\_

Employer \_\_\_\_\_ Contact Information \_\_\_\_\_  
City, State \_\_\_\_\_ 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: \_\_\_\_\_

Essential Duties \_\_\_\_\_

Your supervisor's name and title \_\_\_\_\_

Reason for leaving this job \_\_\_\_\_

Employer \_\_\_\_\_ Contact Information \_\_\_\_\_  
City, State \_\_\_\_\_ 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: \_\_\_\_\_

Essential Duties \_\_\_\_\_

Your supervisor's name and title \_\_\_\_\_

Reason for leaving this job \_\_\_\_\_

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**SELF-DECLARATION**

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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) \$37,450	<input type="checkbox"/> 5 people _____	(not more than) \$57,800
<input type="checkbox"/> 2 people _____	(not more than) \$42,800	<input type="checkbox"/> 6 people _____	(not more than) \$62,100
<input type="checkbox"/> 3 people _____	(not more than) \$48,150	<input type="checkbox"/> 7 people _____	(not more than) \$66,350
<input type="checkbox"/> 4 people _____	(not more than) \$53,500	<input type="checkbox"/> 8 people _____	(not more than) \$70,650

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

\* *Income guidelines updated as of March 6, 2016*

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**ELIGIBILITY**

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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 is 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*

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**RELEASE OF INFORMATION**

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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*