CUMBERLAND HOUSING GROUP

Cumberland Housing Group
635 East First Street
Cumberland, MD 21502
301-724-6606
www.cumberlandhousing.org

AT-WILL EMPLOYMENT APPLICATION

Position Applied for:	Date/Time Received & By:

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the Housing Authority of the City of Cumberland, the Cumberland Housing Alliance Inc. and the Cumberland Neighborhood Housing Services, collectively referred to hereafter as the Cumberland Housing Group, to provide equal employment to all qualified persons without discrimination on the basis of race, color, religion, national origin or ancestry, sex, age, disability, marital status, sexual orientation, genetic information, or because of an individual's refusal to submit to a genetic test or make available the results of a genetic test, veteran status, or any other legally protected status under local, state, or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. It is also the policy of the Cumberland Housing Group to conduct pre-employment screening before a job offer is made including but not limited to criminal background, references, etc. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

(PLEASE PRINT IN INK ALL INFORMATION EXCEPT SIGNATURE)

PERSONAL INFORMATION

Name: First Middle Last	Home Phone:	Social Security #: / /
E-mail Address:	Cell Phone:	

Please list below your current address first and your 2 other most recent addresses:

Street	City	State	Zip	Since Mo/Yr
Street	City	State	Zip	Since Mo/Yr
Street	City	State	Zip	Since Mo/Yr

EDUCATION

High School Attended	City & State		Did you earn a Diploma?
College Attended	City & State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City & State	Area of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City & State	Area of Study	Degree/Certificate/Diploma

If you did not graduate, why did you leave school or college? _____

_____

EMPLOYMENT HISTORY

Please list below your last 4 employers beginning with the most recent or current:

1	Employer Name:	Address:	Telephone:
	Dates Employed: (mm/yyyy) From: To:	Salary: Starting Ending $ hr $ hr	Supervisor Name:
	Your Duties:	May we contact employer for a reference: ☐ Yes ☐ No ☐ Only if being hired for position	
	Reason for Leaving:		
2	Employer Name:	Address:	Telephone:
	Dates Employed: (mm/yyyy) From: To:	Salary: Starting Ending $ hr $ hr	Supervisor Name:
	Your Duties:	May we contact employer for a reference: ☐ Yes ☐ No If no, reason:	
	Reason for Leaving:		
3	Employer Name:	Address:	Telephone:
	Dates Employed: (mm/yyyy) From: To:	Salary: Starting Ending $ hr $ hr	Supervisor Name:
	Your Duties:	May we contact employer for a reference: ☐ Yes ☐ No If no, reason:	
	Reason for Leaving:		
4	Employer Name:	Address:	Telephone:
	Dates Employed: (mm/yyyy) From: To:	Salary: Starting Ending $ hr $ hr	Supervisor Name:
	Your Duties:	May we contact employer for a reference: ☐ Yes ☐ No If no, reason:	
	Reason for Leaving:		

If presently employed, why do you desire to change your position? _____

_____

EMPLOYMENT INFORMATION

Date You Can Start Work: / /	Expected Salary: $ per hour	
Do You Prefer: ☐ Full-Time ☐ Part-Time	Can You Work: ☐ Weekends ☐ Evenings	

Please answer all of the following questions:

1. May we contact you at work? ☐ YES ☐ NO If yes, list number and best time to call.
2. If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ YES ☐ NO ☐ N/A
3. Are you legally eligible for work in the United States? ☐ YES ☐ NO
4. Are you willing to work overtime when necessary? ☐ YES ☐ NO
5. Have you received a description of the job or been made aware of the essential functions of the job you are applying for : ☐ YES ☐ NO

6. Do you understand the job requirements? ☐ YES ☐ NO (If no, please explain)

7. Are you on layoff and subject to recall? ☐ YES ☐ NO (If yes, explain)

8. Have you ever been bonded? ☐ YES ☐ NO

9. Have you ever been discharged or asked to resign from a job? ☐ YES ☐ NO (If yes, please explain)

10. Have you ever been convicted of or pled guilty to a felony or other crime? ☐ YES ☐ NO (If yes, please explain. Conviction will not necessarily disqualify you from employment)

JOB-RELATED SKILLS

1. Do you have a valid driver's license? ☐ YES ☐ NO
   State: _____ License Number:_____ Class: _____ Expires:_____

2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years?
   ☐ YES ☐ NO *(Conviction will not necessarily disqualify you from employment.)*

3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?
   ☐ YES ☐ NO (*Suspension or revocation will not necessarily disqualify you from employment.)*

4. List all states from which you hold or have held a driver's license: _____

5. List any professional licenses, designations, certifications, etc. that may relate to the position applied for:

Name of Issuing Entity	Designation or Certification	Identification Number	Date Issued	Expiration Date (if applicable)	Comments

6. Indicate the number of year's experience (if any) you have with the following computer software applications:
   Microsoft Word: ____ years Microsoft Excel: ____ years Microsoft Outlook: ____ years
   Microsoft PowerPoint: ____ years Internet Use: ____ years
   Other applications used: _____

7. List any special accomplishments, awards, publications, etc. which you have received and/or any job related organizations that you belong to: _____
   _____

8. Please use this space to provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:
   _____
   _____
   _____
   _____

REFERENCES

List three business/work references that are not related to you or are previous supervisors.

Reference Name	Address of Reference	Telephone	Years Acquainted

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate discipline, up to and including termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Cumberland Housing Group rules and regulations and I understand that Cumberland Housing Group reserves the right to change policies, title, job description, wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, AND THAT ONLY A WRITTEN AGREEMENT BETWEEN THE PRESIDENT/CEO OF THE CUMBERLAND HOUSING GROUP AND ME, SIGNED BY BOTH OF US, CAN ALTER THE AT-WILL EMPLOYMENT RELATIONSHIP.***
4. Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding $100.
5. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
6. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

NOTICE: DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

_____ _____/_____/_____

Signature of Applicant Date

The agencies represented by the Cumberland Housing Group
Are all an Equal Opportunity Employer

For Employer Use Only: Applicant Interviewed: ☐ Yes ☐ No Date: _____

Interviewed By: _____ _____ _____

President/CEO HR Department Department Director

Hired: ☐ Yes ☐ No Starting Date: _____ Wage: $_____ Per: _____

VOLUNTARY SELF-IDENTIFICATION

APPLICANTS ARE ENCOURAGED, BUT NOT REQUIRED TO COMPLETE

It is the policy of Cumberland Housing Group to collect, maintain and report certain ethnicity, race, disability and Vietnam Era Veteran Status information as required by the Office of Federal Contract Compliance Programs (OFCCP), the Equal Opportunity Commission (EEOC) and other Federal and State Entities.

Completion of this data is voluntary and will not affect your opportunity for employment. Any data collected will be kept in a confidential file separate from the Application for Employment.

PLEASE PRINT

SECTION I

Name:	**Position Applied For:**

SECTION II

GENDER:

- ❑ **Male**
- ❑ **Female**

RACE/ETHNICITY:

(Please check one of the classifications below corresponding to the ethnic group with which you identify)

- ❑ **Hispanic or Latino**
- ❑ **White (Not Hispanic or Latino)**
- ❑ **Black or African American (Not Hispanic or Latino)**
- ❑ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**
- ❑ **Asian (Not Hispanic or Latino)**
- ❑ **American Indian or Alaska Native (Not Hispanic or Latino)**
- ❑ **Two or More Races (Not Hispanic or Latino)**

DISABLED/VETERAN:

(Please check one of the descriptions below corresponding to the disability/veteran group with which you identify, if any.)

- ❑ **Disabled Individual**
- ❑ **Disabled Veteran**
- ❑ **Other Protected Veteran**
- ❑ **Veteran of the Vietnam Era**
- ❑ **Armed Forces Service Medal Veteran**
- ❑ **Recently Separated Veteran**
- ❑ **Special Disabled Veteran**

_____ _____

Applicant Signature **Date**