

## Schenectady Municipal Housing Authority Application for Employment

**Name** \_\_\_\_\_  
*Print first, middle & last names*

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_  
*Home Cell Email*

**Position Applied For** \_\_\_\_\_ **Referred by** \_\_\_\_\_

**Other Names Worked Under:** \_\_\_\_\_

**Have you ever been convicted of a crime? If yes, please explain.** \_\_\_\_\_

*A conviction will not necessarily disqualify someone from being considered for a position.*

### Employment History

<b>Dates:</b> <i>month/year to month/year</i>	<b>Company &amp; Title:</b>	<b>Salary:</b>
<b>Supervisor Name, Title &amp; Phone:</b>	<b>Duties:</b>	
<b>Reason for Leaving:</b>		
<b>May we contact?</b>		
<b>Dates:</b> <i>month/year to month/year</i>	<b>Company &amp; Title:</b>	<b>Salary:</b>
<b>Supervisor Name, Title &amp; Phone:</b>	<b>Duties:</b>	
<b>Reason for Leaving:</b>		
<b>May we contact?</b>		
<b>Dates:</b> <i>month/year to month/year</i>	<b>Company &amp; Title:</b>	<b>Salary:</b>
<b>Supervisor Name, Title &amp; Phone:</b>	<b>Duties:</b>	
<b>Reason for Leaving:</b>		
<b>May we contact?</b>		
<b>Dates:</b> <i>month/year to month/year</i>	<b>Company &amp; Title:</b>	<b>Salary:</b>
<b>Supervisor Name, Title &amp; Phone:</b>	<b>Duties:</b>	
<b>Reason for Leaving:</b>		
<b>May we contact?</b>		

<b>Supervisor Name, Title &amp; Phone:</b>		
<b>Reason for Leaving:</b>		
<b>May we contact?</b>		
<b>Dates: mth/yr to mth/yr</b>	<b>Company &amp; Title:</b>	<b>Salary:</b>
<b>Supervisor Name, Title &amp; Phone:</b>	<b>Duties:</b>	
<b>Reason for Leaving:</b>		
<b>May we contact?</b>		

**Education—List High School, Undergraduate, Graduate and Trade Schools**

School & Phone	Course of Study	Diploma/Degree

**Military Service**

**Branch** \_\_\_\_\_ **Dates from** \_\_\_\_\_ **to** \_\_\_\_\_

**Rank and Type of Service** \_\_\_\_\_

**Type of Discharge** \_\_\_\_\_

**Computer Experience & Software Used** \_\_\_\_\_

**Foreign Languages Spoken** \_\_\_\_\_

**Other Relevant Experience** \_\_\_\_\_

**Do any of your relatives work for SMHA?** \_\_\_\_\_ **If yes, please list** \_\_\_\_\_

I certify that all information I have provided on this application, any accompanying documentation and anything else I provide throughout the hiring process is correct, accurate and complete. I understand that providing false, incomplete or misleading information on this application, during the interview or at any other time, is cause for denial or termination of employment, regardless of the timing or circumstances of discovery. I authorize individuals, companies and schools, unless specifically excluded, to provide any requested information and release them from liability for damage in providing this information.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*We are an equal opportunity employer and do not discriminate based on gender, race, color, creed, national origin, sex, age, disability, sexual orientation, marital status, military status, domestic violence victims, predisposing genetic characteristics/information and any other protected categories. We are also a Section 3 employer to the greatest extent feasible.*

**SCHENECTADY MUNICIPAL HOUSING AUTHORITY  
AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION  
FOR EMPLOYMENT PURPOSES**

As a condition of my consideration for employment with Schenectady Municipal Housing Authority (SMHA), I hereby authorize SMHA to contact educational institutions, law enforcement agencies, credit agencies, courts, military services current and former employers and other relevant entities in order to conduct a comprehensive review of my background, limited to my employment and reference information, education, security verification, military record, criminal and civil history, personal interviews, driving record and consumer credit history where applicable, and any other information bearing entities.

Final candidates being considered for positions that entail handling cash, credit/debit cards, money orders or checks will be subject to credit investigations. For some positions, hiring decisions may be based upon bad debt,\* among other reasons.

If I am subject to a credit investigation, I understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act. The information received will be kept confidential. If the report reveals adverse information, I will be given the opportunity to explain any situations that may have had a negative impact on my credit report.

By signing this form, I authorize SMHA and/or its designees to conduct a background check, as well as consumer credit history investigation, if applicable. I release SMHA, its agents and anyone providing information from any and all liability for damages of any kind, which may at any time result from requesting such information.

\_\_\_\_\_ Printed Name \_\_\_\_\_ Other names used \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State Issued & Expiration: \_\_\_\_\_

*\*Bad debt: A debt that has been referred for collection, has more than a 60 day past due balance or has been written/charged off by the creditor. Bad debt is not considered a risk if it is more than five years old, the result of student loans or the result of extensive medical care. It is considered a risk if it exceeds 10% of salary, excluding the exceptions listed above.*