

D Position		Name, title and phone number of immediate supervisor	
Employer (company or organization)		Address of Employer	
Dates of Employment (information must be completed) From _____ To _____ Mo. Yr. Mo. Yr. Last salary _____ per _____ Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:		

E Position		Name, title and phone number of immediate supervisor	
Employer (company or organization)		Address of Employer	
Dates of Employment (information must be completed) From _____ To _____ Mo. Yr. Mo. Yr. Last salary _____ per _____ Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:		

11 Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? Yes No
(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)

12a Do you have a valid driver's license? Yes No
 License Number _____ State ____ Exp. Date _____

12b Do you authorize the Authority to check your driving record, both now and on a periodic random basis during employment, for repeated or significant traffic violations? Yes No

13 Typing speed _____
 Word Processing skills? Yes No

14 Have you been convicted of any crime? Yes No
 If yes, explain. _____

 A conviction does not automatically mean that you cannot be employed. The nature of the offense and when it occurred will be considered. Give all of the facts so that a decision can be made (attach additional sheets, if necessary.) A record check may be run to verify your answer.

15 A. Are any of your family members currently working for the Authority? Yes No

If yes, please list the person(s) name.

wife/husband _____ son/daughter _____
parent _____ grandparent _____
sister _____ brother _____

B. To avoid a conflict of interest please list any services and/or benefits, you or an immediate family member currently receive and/or have received from this agency within the past year: _____

16 Are you willing to work: Part-time _____ Full-time _____ Temporary _____ Substitute _____ Regular _____

18 **Professional Work References** List three professional references who have knowledge of your qualifications.

Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail
Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail
Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail

19 **PRE-EMPLOYMENT STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from The Omaha Housing Authority's employ.
2. Any offer of employment I may receive from The Omaha Housing Authority is contingent upon my successful completion of the agency's total pre-employment screening process, including the agency's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination, including drug screening, that the agency may require. I also agree, if employed, to submit to a medical examination at any time at the agency's request.
3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the agency and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself.

Signature of Applicant

Date

OHA APPLICANT REFERENCE CHECK

I authorize my former employer _____ to furnish The Omaha Housing Authority with whatever information they may have regarding my employment, including my reason(s) for leaving. I am signing this waiver voluntarily, and to request that my former employer (listed above) respond to this reference inquiry with full and complete information. Because this reference is an important part of my application for employment with Omaha Housing Authority, I therefore waive and release my former employer (listed above) from any and all claims and causes of action in law or equity, including, but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

Candidate Signature

Date

Candidate Printed Name

Position Applied For

Response from Reference:

Reference Company: _____ Reply Date: _____

Contact Name: _____ Phone Number: _____

Dates of employment _____ Ending Salary _____ Supervisor _____

Can you list some strong points related to the candidate's work performance?

Can you list some weak points related to the candidate's work performance?

How well did he/she work with other staff?

How did he/she interact with clients?

Would you rehire applicant?

Is there anything else that you think I need to know to help me make a hiring decision for this applicant?

Supervisor requesting reference

Date of request

AUTHORIZATION TO RELEASE INFORMATION FORM

Note: Submitting an incomplete or illegible form may delay the background check results.

I hereby AUTHORIZE and request OHA to perform the following investigations on me:

- **A driving history report and**
- **Any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment**

I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign.

I understand that the Omaha Housing Authority (OHA) positions require background checks for evaluating me for employment, promotion, reassignment, reclassification, transfer, or retention as an employee. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

PRINT NAME:

_____ Last First Middle

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

OTHER NAMES YOU HAVE USED: _____

Current Address:

_____ Street Number & Name City State Zip How Long?

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A CRIME BY ANY COURT? YES NO

If yes, please indicate date, location and explanation: (If you need more space please use back of sheet.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME? YES NO

IF YES, STATE NAME: _____

DRIVER'S LICENSE INFORMATION:

_____ License number Expiration Date State of Issue

PRIVACY NOTICE

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for positions. OHA policy and federal statute authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment.

The OHA official responsible for maintaining the information contained on this form is the Director of Operations for all staff of the OHA.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the OHA solicits this information so as to be informed of my previous record and character. I understand that my employment with the OHA depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

APPLICANT SIGNATURE: _____ **DATE:** _____

**OMAHA HOUSING AUTHORITY
APPLICATION AFFIRMATIVE ACTION DATA FORM**

The Omaha Housing Authority has an Affirmative Action program to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. The completion of this form is voluntary; neither its completion nor refusal to complete it will subject you to any adverse treatment. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way.

1 Application for position of (please list only one position per application):

2 Social Security Number
____ / ____ / ____

3 Name

Last First MI

4 Date of Birth
____ / ____ / ____
Month/Day/Year

5 Ethnic Origin (Note: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows: (Please check which items apply):

(a) White (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

(b) Black (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa

(c) Hispanic All persons of Mexican, Puerto Rican, Cuban, or South Spanish culture or origin, regardless of race.

(d) Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

(e) American Indian or Alaskan Native All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

(e) Other Non White other non Caucasian

6 Sex: Female Male

7 (a) Veteran Yes No (b) If yes, check Vietnam Era, 1962- 1975, Other Disabled

8 How did you learn about the job for which you are applying? (please check which items apply)

____ Newspaper (name) _____ ____ Walk in (where) _____

____ Job Bulletin (where posted) _____ ____ College/University/School (name) _____

____ Magazine/Journal (name) _____ ____ Other (specify) _____

____ Other Web Site (specify) _____

The OHA does not discriminate in employment because of race, color, religion, sex, age, national origin, political affiliation, disability, or any other non-job related factor.