



**Waukegan Housing Authority**  
 215 S. Martin Luther King Jr. Ave  
 Waukegan, IL 60085  
 847-244-8500

**Employment Application**

**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on the last page of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you 18 years of age or older? YES NO

(If you are hired, you may be required to submit proof of age)

Position Applied for: \_\_\_\_\_  
 (Do not state "any open position" or "any position for which I am qualified." We can only consider those applicants who express an interest in an open position for which they possess minimum qualifications. If you would like to know which positions are currently open, please call 847-625-4624 or visit our website at www.waukeganhousing.com.)

- How did you learn about this job opportunity?
- Internet Job Board
  - Job Fair
  - Print Ad
  - Walk-In
  - Employee Referral \_\_\_\_\_
  - Social Networking Site
  - Other Website \_\_\_\_\_

Are you legally eligible to work in the United States? YES NO

Have you ever worked for this company? YES NO

If no, are you authorized to work in the U.S.? YES NO

If yes, when? \_\_\_\_\_

Desired Status:  Full-Time  Part-Time  Temporary

Are you related to anyone currently employed with the Waukegan Housing Authority?  
If yes, whom? \_\_\_\_\_ YES  NO

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Employment History

List present or most recent positions first and list other previous positions that will account for your employment record.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_ Training Received: \_\_\_\_\_  
 Pay during service and at the  
 time of discharge:  
 Work Experience:

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal if discovered at a later date.*

*I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.*

*I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.*

*I understand that if I am extended an offer of employment it may be conditioned upon my successfully pass a drug and alcohol screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.*

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*This application for employment will remain active for a limited time.*

The following section is voluntary.

The Waukegan Housing Authority is an Equal Opportunity Employer. To comply with government regulations, we must track the number of our applicants by gender, race/ethnicity, and position for which applied. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separately from your application and is used only in accordance with federal and state regulations. When reported, data will not identify any specific individual. This section is voluntary. You are not required to provide this information. Your application for employment will be considered in the same manner whether or not you provide this information.

Female	Male	Ethnicity
<input type="checkbox"/>	<input type="checkbox"/>	<b>White</b> not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Black or African American</b> not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	<input type="checkbox"/>	<b>American Indian or Alaska Native.</b> A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Asian.</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Hispanic or Latino.</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Two or More Races (Not Hispanic or Latino).</b> All persons who identify with more than one of the above five races.
	<input type="checkbox"/>	<b>I do not wish to disclose this information.</b>



## DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document the Waukegan Housing Authority discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.
2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

**Applicant's Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_ **Other Names Used** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_

**Current Address** \_\_\_\_\_ **City/Town** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Previous address** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_