



**Butler Metro Housing Authority**  
 4110 Hamilton Middletown Rd.  
 Hamilton, Ohio 45011  
 513.896.4411 ph | 513.896.9381 fx  
 www.butlermetro.org

*The Metropolitan Housing Authority is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, sex, national origin, age, disability, genetic information, military status or other unlawful characteristic except where such criteria constitutes a bona fide occupational requirement.*

## Employment Application

**Even if you are submitting supplemental information with your application, all information on this Application must be completed in order for your Application to be considered. This application will remain effective for 6 months. If you have not been contacted within 180 days and wish to be considered for employment, you must complete another application.**

### Applicant Information

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

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

\_\_\_\_\_  
City State ZIP Code

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

Date Available: \_\_\_\_\_ Full-time/ Part-time/  
 Seasonal/ Other: \_\_\_\_\_ Desired Rate/Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you legally eligible to work in the United States? *Proof of Citizenship or Immigration Status will be required upon employment.*

YES NO

Do you have a valid driver's license? YES NO

Have you ever worked for us before? YES NO If yes, when? \_\_\_\_\_

Do you have any friends/relatives currently employed here? YES NO

If yes, explain: \_\_\_\_\_

### 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: \_\_\_\_\_

**Previous Employment**

*List your recent three places of employment beginning with your current or most recent. All sections must be completed for each employer. The Employer may seek supplemental employment history in order to get your complete work history.*

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: \_\_\_\_\_

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: \_\_\_\_\_

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

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Licenses, Registration, Certifications and Special Equipment**

***Upon employment, copies of all licenses/certifications required for the position must be provided.***

List all applicable licenses, certifications, and/or registrations held: \_\_\_\_\_

List any special equipment, tools or machines you can operate: \_\_\_\_\_

**Disclaimer and Signature**

**APPLICANT STATEMENT**

*I certify that all information I have provided in order to apply for and obtain employment with the Metropolitan Housing Authority is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from service, whenever it is discovered.*

*I give the Metropolitan Housing Authority the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Metropolitan Housing Authority in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, the Metropolitan Housing Authority, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the Metropolitan Housing Authority, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.*

***I understand that an offer of employment may be contingent upon the successful completion of a pre-employment criminal background check, physical, and/or drug and alcohol screen. I also understand that Ohio Revised Code 3735.311 provides that individuals who have plead guilty and/or been convicted of a felony as defined by R.C. 109.511 are disqualified from being considered for a member of the police force of the Metropolitan Housing Authority. For other positions, applicants with criminal conviction(s) will undergo an individualized assessment before being excluded from consideration.***

*If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with the Metropolitan Housing Authority is of an “at will” nature, which means that I am free to resign at any time and the Metropolitan Housing Authority reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to, hours, benefits and salary are subject to change by the Metropolitan Housing Authority at any time. I understand that no representative of the Metropolitan Housing Authority is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director of the Metropolitan Housing Authority.*

**DO NOT SIGN UNTIL YOU READ THE PROCEEDING APPLICANT STATEMENT.**

*I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.*

***If this application leads to employment, I also understand that any false or misleading information in my application or interview will subject me to immediate removal.***

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