



APPLICATION FOR EMPLOYMENT

CAMBRIDGE HOUSING AUTHORITY

CHA is an equal opportunity/affirmative action employer. Minorities, individuals with special needs and others are encouraged to apply.
 675 Massachusetts Avenue · Cambridge, MA 02139 · Phone: 617.864.3020 · Fax: 617.868.5372 · TDD: 800.545.1833 x112

Candidate Information			
Name (LAST, FIRST, MIDDLE)		Date	
FOR THE PURPOSE OF A REFERENCE CHECK, HAVE YOU EVER GONE BY ANY OTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE FORMER NAME:			
Current Address		City, State	Zip
Previous Address (IF LESS THAN FIVE YEARS AT PRESENT ADDRESS)		City, State	Zip
Mobile Phone		Home Phone	
Email Address		Social Security Number	
Are you legally eligible for employment in the United States? (PROOF OF CITIZENSHIP/IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU CURRENTLY A TENANT OF THE CAMBRIDGE HOUSING AUTHORITY OR A PARTICIPANT OF THE LEASED HOUSING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A PREVIOUS RESIDENT OF THE AUTHORITY OR A PARTICIPANT OF THE LEASED HOUSING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU CURRENTLY HAVE RELATIVES EMPLOYED WITH THE CAMBRIDGE HOUSING AUTHORITY OR ARE YOU RELATED TO A MEMBER OF THE BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Applying For		Vacancy/Job Number	
Military Information (THIS INFORMATION IS FURNISHED ON A VOLUNTARY BASIS)			
Branch of Service		Dates served (MM/YY to MM/YY) / to /	
List Special Duties/Training			
Education (PLEASE CHECK HIGHEST GRADE(S) COMPLETED)			
Grade School: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		High School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GED: <input type="checkbox"/> YES <input type="checkbox"/> N/A
College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduate School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Schools Attended			
High School	Location		Degree/Certificate
College	Location	Dates Attended	Type & Date Degree/Certificate
Graduate School	Location	Dates Attended	Type & Date Degree/Certificate
Other	Location	Dates Attended	Type & Date Degree/Certificate
Certification/Professional License			
Type		Number	Expiration Date

Driver License (COMPLETE THIS SECTION ONLY IF THE POSITION YOU ARE APPLYING FOR INDICATES REQUIREMENT)

Issuing State	Type	Expiration Date
Has your license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:		

Employment Information (PLEASE LIST YOUR MOST RECENT POSITION FIRST)

Current Employer		Address (STREET, CITY, STATE, ZIP)	
Job Title	Supervisor's Name and Title		Phone Number
Dates Employed From to	Hours per week	Starting Pay per	Ending Pay per
Reason for leaving/considering leaving		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer		Address (STREET, CITY, STATE, ZIP)	
Job Title	Supervisor's Name and Title		Phone Number
Dates Employed From to	Hours per week	Starting Pay per	Ending Pay per
Reason for leaving		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer		Address (STREET, CITY, STATE, ZIP)	
Job Title	Supervisor's Name and Title		Phone Number
Dates Employed From to	Hours per week	Starting Pay per	Ending Pay per
Reason for leaving		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

References (AT LEAST ONE REFERENCE MUST BE AT THE SUPERVISOR LEVEL; WE WILL ASSUME IT IS OKAY TO CONTACT UNLESS YOU INDICATE OTHERWISE)		
Name	Present Title	Organization
Relationship	Phone Number	Years Known
Name	Present Title	Organization
Relationship	Phone Number	Years Known
Name	Present Title	Organization
Relationship	Phone Number	Years Known
Availability		
Date available to start:	Schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
Equal Opportunity/Affirmative Action Employer		
Cambridge Housing Authority (CHA) is an Equal Opportunity/Affirmative Action Employer. CHA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.		
Authorization To Conduct Background/Reference Checks		
I give the Cambridge Housing Authority (CHA) the right to investigate all references and to secure additional information about me, if job related. I understand that a background investigation may include, but is not necessarily limited to, the following: employment verification, educational verification, criminal records check, driving record, Social Security records, reference check and credit investigation. I hereby release from liability CHA and its representative(s) for seeking such information and all other persons, corporations or organizations for furnishing such information.		
Notice Regarding Drug Testing Requirements		
As part of the pre-hire physical you may be required to submit to a drug test.		
Employee Acknowledgment		
I certify that all information I have provided on this application is true, accurate, and complete to the best of my knowledge and belief. I understand that any falsification, misrepresentation or omission of any information on my application, resume, or any other materials, or during the interviewing/hiring process will be sufficient for cancellation of this application, withdrawal of any offer of employment or, if employed, termination of employment.		
I have read and understand the above information.		
SIGNATURE _____		DATE _____
PLEASE MAIL ALL COMPLETED APPLICATIONS to: 675 Massachusetts Avenue, Cambridge, MA 02139 OR Fax to 617.868.5372 Attn: Human Resources		