



EMPLOYMENT APPLICATION

**LOWELL HOUSING AUTHORITY
350 MOODY STREET
P.O. BOX 60
LOWELL, MA 01853
(978) 937-3501
TDD 1-800-545-1833 EXT 178**

**LOWELL HOUSING AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER
AFFIRMATIVE ACTION AGENCY**

Incomplete applications will not be considered.
If you require assistance, please contact the Authority.
It is the policy of the LHA to maintain applications of non-hires on file for two (2) years following receipt.

POSITION APPLIED FOR: _____

NAME: _____
Last First (middle initial)

ADDRESS: _____

CITY STATE ZIP CODE

PHONE: (home) _____ (cell) _____

E-mail Address: _____

Valid Driver's License: Yes _____ No _____ Class _____

Operator License # _____ State Issued _____

Possess Other License: Yes ___ No ___ Describe _____

Have you ever served in the U.S. Military?

Branch of Service _____ From _____ To _____

Please read the entire form before you complete the Application. Responses should be typed, printed, or carefully written in black or blue ink. Please respond to all questions indicating "None" where applicable.

Have you filed an application before? Yes____ No____ If yes, give date:_____

Have you been employed here before? Yes____ No____ If yes, give date_____

Are you employed now? Yes_____ No_____

May we contact your present employer? Yes_____ No_____

On what date would you be available for work?_____

Are you available to work: Full-Time_____Part-Time_____ Temporary_____

Are you on a lay-off and subject to recall? Yes_____ No_____

If you are offered a job, you would be asked to provide name, address, and telephone number of three references who are not related to you and are not previous employers.

The Lowell Housing Authority is in compliance with the provision of Section 504 of the Rehabilitation Act of 1973, as amended (29, U.S.C. 794) which states that "No otherwise qualified individual with handicaps in the United States... shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits, or, be subject to discrimination under any program or activity receiving federal financial assistance..."

Nevertheless, due the high number of applicants for available positions and the Authority's need to have current profiles for all applicants, you are strongly urged to file an updated application for any future position(s) in order to insure that you will be considered for any future position(s). Notices regarding the availability of positions are posted on the LHA's website:www.lhma.org as well as bulletin boards at the following locations:

Lowell Housing Authority Administrative Offices 350 Moody Street	North Common Village 21 Salem Street
George Flanagan Development 580 Chelmsford St.	Bishop Markham Village 198 South Street
Dewey Archambault Towers 350 Moody St.	Archie Kenefick Manor 50 Stackpole Street

EMPLOYMENT EXPERIENCE

Beginning with the most recent, list all employment, including part time and self-employment, for the past 10 years. Attachment of resume in lieu of completing this section is authorized. If there is not enough space for all data, please use back page.

Employer	Address			From	To
Name of Supervisor	Title	Telephone	Ext	Current Base Pay Per	
Hiring Position	Current or Last Position			Reason for Leaving	
Description of Duties				May We Contact Emp.	

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Description of Duties				May We Contact Emp.	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION

High School	Address	From	Dates to	Did You Graduate? YES NO
College or University	Address	From	Dates to	Did You Graduate? YES NO
Graduate School	Address	From	Dates to	Did You Graduate? YES NO
Business School	Address	From	Dates to	Did You Graduate? YES NO
Trade or Other	Address	From	Dates to	Did You Graduate? YES NO

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN AND RETURN THIS APPLICATION

Physical Examination

If a conditional job offer is made to you, a medical exam will be required and this will determine whether or not you are capable of performing the essential functions of this job. All perspective employees applying for this job will take the same physical examination. The only information that will be conveyed by examining physician is whether you are able to perform the essential functions of the job. We cannot refuse to hire you if you are capable of performing the essential functions of the job with a reasonable accommodation. The Doctor is conducting the exam on behalf of the employer, therefore the Doctor will disclose the results to the employer. You are entitled upon request, to a copy of said report.

I have read, understand, and agree to this statement, (please initial here) _____

Criminal Record

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a misdemeanor within the past five (5) years? Yes _____ No _____

An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to any inquiry herein relative to prior arrests or criminal record appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjurations in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution, and a first conviction of simple assault, civil traffic violation, affray or disturbance of the peace may be answered "no record"

A conviction would not necessarily be a bar to employment. Mitigating factors will be taken into account.

I have read, understand, and agree to this statement, (please initial here) _____

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An Employer who violates this law shall be subject to criminal penalties and civil liability.”

I certify that all information given on this application for employment is true and correct. I understand that if I am employed, any false statement, omission, or misstatement of information may result in denial of employment or a later dismissal from employment.

I have read, understand, and agree to this statement, (please initial here)_____

I give the Lowell Housing Authority (LHA) the right to investigate all references given in this application form and to secure additional information about me. This may include a criminal records check, motor vehicle/driving record check, as required by the position for which I am applying. I hereby release from liability the LHA and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I have read, understand, and agree to this statement, (please initial here)_____

I hereby authorize Lowell Housing Authority and/or any entity directed by Lowell Housing Authority (**LHA**) to obtain a consumer report for employment purposes.

I have read, understand, and agree to this statement, (please initial here)_____

I understand that the LHA has a commitment to maintain an alcohol/drug-free workplace and that the LHA, unless prohibited by state law, may require a drug screening test as a part of its selection and hiring process. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment.

I have read, understand, and agree to this statement, (please initial here)_____

Applicant's Signature

Date

SEND REPLY TO: LOWELL HOUSING AUTHORITY
350 MOODY STREET
P.O. BOX 60
LOWELL, MA 01853-0060
ATTN: EXECUTIVE DEPARTMENT