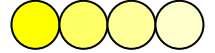




Lake County Housing Authority
33928 North U.S. Highway 45
Grayslake, IL 60030



EMPLOYMENT APPLICATION

The Lake County Housing Authority is an equal opportunity employer and will ensure that all applicants are considered for hire without regard to race, color, creed, national origin, sex or handicap.

Name: _____
(Last) (First) (Middle) (Former Names)

Address: _____
(Street Address) (City) (ST) (Zip)

Telephone: (_____) _____ (_____) _____ E-Mail: _____
(Home) (Work)

Optional Check One: Male Female Optional Check one: White Black Hispanic Alaskan Native American Indian/
 Asian/Pacific Islander Filipino

If additional space is needed for any field, please use extra blank sheet(s) to be attached as needed

Which position(s) are you applying for?

What is the minimum salary you will accept?

Desired Status: Full-Time Part-Time Temporary Seasonal

What date are you available to start work? _____ Are you on layoff and subject to recall? Yes No

Were you ever employed by the Lake County Housing Authority? Yes No
If yes, give: Dates: _____
Position(s) held: _____

Are you a veteran of the U.S. Military Service? Yes No
If yes, give: Dates of Duty _____ to _____
Branch _____
Type of Discharge _____

Office Skills:
Do you type? Yes No If yes, speed _____
Do you take shorthand or speedwriting? Yes No If yes, speed _____

Other office machines which you operate:

Please explain any criminal activity that may or may not have resulted in arrest, conviction, probationary periods or incarceration. (Specifically relay any activity that may be revealed on a criminal background check.)
Check One: See explanation on back of this page. I have no criminal activity as defined.

Do you hold any elective or appointed federal, state or local office? Yes No
If yes, explain in detail: _____

Are you related to anyone currently employed with the Housing Authority? Yes No
If yes, whom? _____

EDUCATIONAL RECORD

	Elementary	High School	College/University	Graduate/Professional
School Name				
Circle Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course(s) of Study				

Honors and/or Awards Received: _____

What specialized training have you completed? _____

Give names, addresses and telephone numbers of two professional and one personal reference who is not related to you and are not previous employers:

Name	Address	Telephone No.	Years Known

Drivers License # _____ State of Issue _____

Date of Expiration _____

NOTICE

The driving record of any employment candidate for a position involving continuous or periodic driving on a frequent basis will be examined before or as a condition of hiring.

Any one of the following motor vehicle records (MVRs) may prevent employment of the applicant:

1. A DUI/DWI conviction within the last three (3) years.
2. A hit-and-run conviction within the last three (3) years.
3. Any combination of four (4) accidents and/or moving violations within the last three (3) years.
4. Two (2) accidents, or a combination of one (1) accident plus two (2) moving violations within the last one (1)-year period.
5. Any license suspension or revocation within the last three (3) years.

EMPLOYMENT HISTORY

Give details of your last five employers and, where necessary, list other previous positions that will account for your employment record over the past ten years. List present or most recent positions first and account for all lapses of time. Include details of military service where service specialties or duties are relevant to the job or position you are seeking.

Company Name/Address/Phone:	
Title:	Last Base Rate of Pay:
Employment Dates: / to / mo/yr mo/yr	Reason for Leaving: (Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	

Company Name/Address/Phone:	
Title:	Last Base Rate of Pay:
Employment Dates: / to / mo/yr mo/yr	Reason for Leaving: (Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	

Company Name/Address/Phone:	
Title:	Last Base Rate of Pay:
Employment Dates: / to / mo/yr mo/yr	Reason for Leaving: (Be Specific: Quit, Layoff, Discharge, etc.)
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Company Name/Address/Phone:	
Title:	Last Base Rate of Pay:
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Company Name/Address/Phone:	
Title:	Last Base Rate of Pay:
Employment Dates: / to / mo/yr mo/yr	Reason for Leaving: (Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	

Applicant's Statement

I certify that answers and statements made in the Lake County Housing Authority application form and in any resume' or letter seeking employment with the Lake County Housing Authority (altogether my "application for employment") are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and I hereby consent to the release of any requested information by employers, educational institutions, trade associations, law enforcement agencies, credit reporting agencies and other individuals to authorized employees of the Lake County Housing Authority. Lake County Housing Authority will maintain such information as confidential.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should request in writing that the application for employment remain on file for an additional 45 days.

I hereby acknowledge that any employment relationship with Lake County Housing Authority is of an "at will" nature, which means that the employee may resign at any time and Lake County Housing Authority may discharge me at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Lake County Housing Authority.

In the event I become employed by Lake County Housing Authority I understand that false or misleading information given in my application for employment or interview(s) therefore may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Lake County Housing Authority.

Signature of Applicant

Date Signed

Lake County Housing Authority Employment Applications may be submitted using any of the following methods:

Personal Delivery or US Mail:
Office Hours:
Mon., Tues., Thurs., & Friday, 8 am to 4 pm
Wednesday, 8 am to 12 noon

33928 North US Highway 45
Grayslake, IL 60030-1714
Fax:
Attention: Recruiter
847 223-1174

Lake County Housing Authority
Attn: Recruiter

If you are directed to complete the **Background Screening Authorization** please go to our website or the following link to download the form.

<http://www.lakecountyhousingauthority.org/AboutLCHA/CareerOpportunities.aspx>