

# DePaul Housing Management Corporation

41 N. Main Avenue

Albany, NY 12203

Tel. (518) 459-0183

Fax # (518) 459-0202

Website: [www.depaulhousing.com](http://www.depaulhousing.com)

## APPLICATION FOR EMPLOYMENT

This corporation is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or other protective classification.

**PLEASE COMPLETE THE APPLICATION *IN FULL* AND PRINT ALL REQUIRED INFORMATION *LEGIBLY***  
**-- THANK YOU!**

Date Completed \_\_\_\_\_

### EMPLOYMENT DESIRED

#### POSITION OR TYPE OF WORK SOUGHT:

SEEKING: (Please check all that apply)

Full Time

Weekend Program

Day

Per Diem

Temporary

Evening

Part Time

Summer

Night

Hours per week desired: \_\_\_\_\_

Agency, Program or Site desired: \_\_\_\_\_

Specify days (please circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Are you available to work weekends? Yes  No  Evenings? Yes  No  Nights? Yes  No

### PERSONAL INFORMATION

Last Name First Middle Other Names By Which You Have Been Known

Address (Street Number) City State Zip

Telephone Number Alternate Number Where You May Be Contacted Social Security Number

( ) ( )

Are You 18 Years or Older? Yes  No

Do you have a legal right to work in the U.S.? Yes  No

*You will be required to furnish proof of lawful work status if you are extended a job offer.*

HOW DID YOU LEARN ABOUT THIS POSITION?  NEWSPAPER  INTERNET  FRIEND  CALL/WALK-IN  OTHER

**HAVE YOU EVER BEEN EMPLOYED BY CATHOLIC CHARITIES, DEPAUL HOUSING MANAGEMENT OR THE DIOCESE OF ALBANY?**

Yes  No

IF YES, PLEASE COMPLETE THE FOLLOWING:

Catholic Charities – Pls. list agency/program below:

DePaul Housing – Pls. list site/program below

Diocese of Albany – Pls. list dept./service below:

Please list any relatives who are currently employed at Catholic Charities, DePaul Housing Management or the Diocese of Albany:

Name Relationship

Please specify which agency/program/site. where s/he works.

IN WHAT CAPACITY? \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

# APPLICANT'S CERTIFICATION AND AGREEMENT

## PLEASE READ CAREFULLY BEFORE SIGNING

### **Equal Opportunity Employment Policy:**

DePaul Housing Management maintains a policy of non-discrimination for all employees and applicants in every facet of the organization's operations. In compliance with federal and state laws, DePaul Housing Management hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, sexual orientation, age, religion, marital status, citizenship, national origin, physical or mental handicap. This policy also applies to disabled veterans of the Vietnam Era.

### **CERTIFICATIONS**

*I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time except for any reason as prohibited by applicable state or federal law; this "employment at-will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Executive Officer of this organization. I understand that this application is not a contract of employment.*

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof within the first three days of employment will result in termination of employment.

I also understand that any handbooks, manuals, policies and procedures maintained by DePaul Housing Management are not contractual in nature and may be amended or abolished at the sole discretion of and DePaul Housing Management.

I understand this application will be active for a period of one year; after that time; if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms therein, except my current employer if so noted, to provide any information requested about me, and I release them and and DePaul Housing Management from all liability for damage in providing and requesting this information.

I understand that as a condition of my employment I may be required to submit to the following: post-offer pre-employment physical and drug screen, DMV check, criminal background check and child abuse background check.

I certify that all the statements on this application, on related papers and in interviews, are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **PLEASE PROVIDE THREE PROFESSIONAL OR WORK REFERENCES.**

### **FOR INTERNAL USE, ONLY**

INTERVIEWED BY _____	NAME	DATE
INTERVIEWED BY _____	NAME	DATE

(01-30-03)

Please list your job history in full for the past ten years or last three employers, starting with your present or most recent employment

and noting any periods in which you were not employed in the section marked "additional information". Also include all *relevant* employment/experience prior to ten years. (Please request an additional page for work experience if there is not enough room provided below). If you wish to enclose a resumé, you may do so, but this application must still be completed in full. Please include military service and internships.

### EMPLOYMENT HISTORY

From (Month/Year) _____	Name and Address of Employer: Name _____	Immediate Supervisor: Name _____
To (Month/Year) _____	Address _____	Title _____
	Position Title: _____	Phone _____
If present employer, may we contact? Yes _____ No _____		
Status: Full Time _____ Part Time _____ As Needed _____		
Avg. Hours/Week: _____		
Describe your principle duties or responsibilities: _____		
_____		
_____		
Reason for leaving: _____		

From (Month/Year) _____	Name and Address of Employer: Name _____	Immediate Supervisor: Name _____
To (Month/Year) _____	Address _____	Title _____
	Position Title: _____	Phone _____
If present employer, may we contact? Yes _____ No _____		
Status: Full Time _____ Part Time _____ As Needed _____		
Avg. Hours/Week: _____		
Describe your principle duties or responsibilities: _____		
_____		
_____		
Reason for leaving: _____		

From (Month/Year) _____	Name and Address of Employer: Name _____	Immediate Supervisor: Name _____
To (Month/Year) _____	Address _____	Title _____
	Position Title: _____	Phone _____
If present employer, may we contact? Yes _____ No _____		
Status: Full Time _____ Part Time _____ As Needed _____		
Avg. Hours/Week: _____		
Describe your principle duties or responsibilities: _____		
_____		
_____		
Reason for leaving: _____		
_____		

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

*Please note: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.*

Have you ever been convicted of child abuse or maltreatment? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

*Please note: A conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.*

### EDUCATION

Please complete all that apply:

	<u>Name of School</u>	<u>City, State</u>	<u>Degree Completed</u>	<u>Major/Course of Study</u>
High School	_____	_____	_____	_____
Vocation/Trade School	_____	_____	_____	_____
Associate's Degree	_____	_____	_____	_____
B.A. or B.S. Degree	_____	_____	_____	_____
Master's Degree	_____	_____	_____	_____
Post Master's Degree	_____	_____	_____	_____

List any courses or training completed outside of the above degreed programs that would be relevant for the position sought:

\_\_\_\_\_  
\_\_\_\_\_

### PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION

DePaul Housing Management requires that all registered, licensed and certified employees submit proof of same to his/her employer. Copy required upon employment.

Type of License, Registry or Certification	Issuing State or Organization	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not currently registered, licensed or certified, are you eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

When will you/did you sit for your examination? Date \_\_\_\_\_

### SPECIAL SKILLS

Please indicate any special skills that you possess: ( Computer, Word Processing skills, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFORMATION

Please include any additional information that you think would be applicable; e.g., volunteer work, membership in professional organizations, hobbies or outside interests, additional relevant employment, and explanation of any gaps in employment. Exclude any information, which would denote race, sex, marital status, age, national origin, religion or political affiliations.

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**EMPLOYMENT HISTORY, CONTINUED**

From (Month/Year)	Name and Address of Employer: Name _____	Immediate Supervisor: Name _____
To (Month/Year)	Address _____	Title _____
	Position Title: _____	Phone _____

If present employer, may we contact? Yes \_\_\_\_\_ No \_\_\_\_\_      Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ As Needed \_\_\_\_\_  
Avg. Hours/Week: \_\_\_\_\_

Describe your principle duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From (Month/Year)	Name and Address of Employer: Name _____	Immediate Supervisor: Name _____
To (Month/Year)	Address _____	Title _____
	Position Title: _____	Phone _____

If present employer, may we contact? Yes \_\_\_\_\_ No \_\_\_\_\_      Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ As Needed \_\_\_\_\_  
Avg. Hours/Week: \_\_\_\_\_

Describe your principle duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From (Month/Year)	Name and Address of Employer: Name _____	Immediate Supervisor: Name _____
To (Month/Year)	Address _____	Title _____
	Position Title: _____	Phone _____

If present employer, may we contact? Yes \_\_\_\_\_ No \_\_\_\_\_      Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ As Needed \_\_\_\_\_  
Avg. Hours/Week: \_\_\_\_\_

Describe your principle duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_