



**APPLICATION FOR EMPLOYMENT**

**Marquette Housing Commission  
316 Pine Street  
Marquette, MI 49855  
(906) 226-7559  
[www.mqthc.org](http://www.mqthc.org)**

**AN EQUAL OPPORTUNITY EMPLOYER**

**INSTRUCTIONS:**

Please print the requested information in the spaces provided below.

Date of Application: \_\_\_\_\_  
Month/Day/Year

Date available to begin work: \_\_\_\_\_  
Month/Day/Year

**PERSONAL INFORMATION**

Last Name	First	M. Initial	Home Telephone ( ) -
Street Address			Cell Telephone ( ) -
City, State, Zip			E-mail Address
Are you legally eligible for employment in the United States?		Are you 18 years or older?	
List any relatives employed by the Marquette Housing Commission or serving on the Board of Commissioners, and relationship to you.			
Have you ever been convicted of a crime?  (A criminal conviction record will not necessarily prohibit you from being employed.)  If YES, please list date, place and nature of offense.		<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO
Are there any felony charges presently pending against you?		<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO
Explain any disciplinary actions taken against you. (Who what where when why)			

\* The Marquette Housing Commission conforms to the Immigration Reform and Control Act of 1986, which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

**EMPLOYMENT DESIRED**

POSITION(S) APPLIED FOR: _____	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
If part-time or seasonal, please specify days, hours or time of year sought: _____				
Have you ever worked for the Marquette Housing Commission, the City of Marquette or another governmental entity?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, when, in what position, and in what department? _____				
Reason for Leaving: _____				
_____				

### EDUCATION

EDUCATION	Name and Location of School	No. of Years Completed	Subjects Studied	Degrees Earned	G.P.A.
High School					
College/ University					
Vocational/ Trade/Graduate School					

Describe any education / training that you have had which is not covered above, such as correspondence courses, service schools or in-service training – please give dates.

\_\_\_\_\_

\_\_\_\_\_

### GENERAL

Do you have any special training skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?

\_\_\_\_\_

\_\_\_\_\_

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

Type of license:  Operator's License  Chauffeur's License  Commercial Driver's License (CDL)

Endorsements: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Current Number of Points: \_\_\_\_\_

(A license check will be conducted for applicants for positions requiring a current driver's license.)

U.S. Military Service:

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank or Rating \_\_\_\_\_ Type of Discharge \_\_\_\_\_

### PHYSICAL RECORD

In case of emergency, notify:

\_\_\_\_\_

Name Address Telephone Number

Medical Examinations. In accordance with applicable legal requirements, the Marquette Housing Commission may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.

**I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS.** I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the Marquette Housing Commission or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the Commission. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the Commission may be immediately terminated.

Applicant's Signature \_\_\_\_\_

## EMPLOYMENT INFORMATION

Have you ever been discharged or requested to resign any job?  YES  NO

If YES, please explain circumstances \_\_\_\_\_  
 \_\_\_\_\_

Are you presently employed?  YES  NO

## EMPLOYMENT HISTORY

Please give an accurate, complete, full-time and part-time employment record. Start with present, or most recent employer. (List additional employers on a separate sheet, if necessary.)

1	Employer's Name	Telephone ( ) -
	Address <span style="float: right;">City/State</span>	Employed (List Month and Year) From <span style="float: right;">To</span>
	Job Title & Responsibilities	Wage Rate / Salary
	Name & Title of Supervisor	Reason for Leaving
2	Employer's Name	Telephone ( ) -
	Address <span style="float: right;">City/State</span>	Employed (List Month and Year) From <span style="float: right;">To</span>
	Job Title & Responsibilities	Wage Rate / Salary
	Name & Title of Supervisor	Reason for Leaving
3	Employer's Name	Telephone ( ) -
	Address <span style="float: right;">City/State</span>	Employed (List Month and Year) From <span style="float: right;">To</span>
	Job Title & Responsibilities	Wage Rate / Salary
	Name & Title of Supervisor	Reason for Leaving
4	Employer's Name	Telephone ( ) -
	Address <span style="float: right;">City/State</span>	Employed (List Month and Year) From <span style="float: right;">To</span>
	Job Title & Responsibilities	Wage Rate / Salary
	Name & Title of Supervisor	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b> _____ Employer Number(s) _____ Reason _____ _____
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## REFERENCES

Please give the names of 3 persons, not related to you, whom you have known for over a year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN

**SIGNATURE**  
(Read Carefully Before Signing)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Marquette Housing Commission has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the Marquette Housing Commission to verify the answers and information given by me in this application and to make any investigation or my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the MHC to release to the MHC any information they have regarding me without providing written notice to me.
- I authorize the Marquette Housing Commission to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the MHC from any liability in connection with such use or disclosure.
- If I am hired by the Marquette Housing Commission, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the MHC, as they are from time-to-time changed, with or without notice.
- If I am hired by the Marquette Housing Commission, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the MHC can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other MHC document or any verbal statements to the contrary. The only exception to this policy is for employees with individual employment contracts. However, to be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by the Board President, and approved by resolution of the Board of Commissioners.
- I agree not to commence any action or claim relating to my employment with the Marquette Housing Commission or this application for employment more than six (6) months after the date of the challenged action or this application, and to waive any statute of limitations to the contrary.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:

Sharon Maki  
Executive Director  
Marquette Housing Commission  
316 Pine Street  
Marquette, MI 49855