



# Housing Authority of Champaign County

205 W. Park Avenue – Champaign, IL 61820

**Mission Statement:** *“To provide a quality living environment as a Foundation for individuals to achieve their full potential.”*

## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

POSITION APPLYING FOR \_\_\_\_\_ DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

May we contact you at work? Yes \_\_\_ No \_\_\_ Date available for work: \_\_\_\_\_

Were you previously employed by the Housing Authority of Champaign County? Yes \_\_\_ No \_\_\_

If yes: Position? \_\_\_\_\_ Dates employed: \_\_\_\_\_

If you are an individual with a disability and require assistance filling out this application or an accommodation for pre-employment testing, please contact the Administrative Services Department by phone at 217-378-7100 or by writing to Housing Authority of Champaign County Administrative Services Department, 205 W. Park Avenue, Champaign, IL 61820.

### EMPLOYMENT INFORMATION

List your history; start with your PRESENT or MOST RECENT job. Include both paid and job-related unpaid or volunteer experience.

EMPLOYER	ADDRESS	CITY	STATE	ZIPCODE
SUPERVISOR'S NAME	PHONE NUMBER	DATES EMPLOYED (MM/YR)	HOURS PER WEEK	ENDING SALARY _____/PER_____
JOB TITLE			REASON FOR LEAVING	

YOUR JOB DUTIES (INCLUDE EXAMPLES OF PAID OR VOLUNTEER WORK YOU PERFORMED):

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## EDUCATION

NAME OF SCHOOL AND FULL ADDRESS	TYPE OF COURSE OR COURSE MAJOR	DID YOU GRADUATE?		DEGREE RECEIVED
		YES	NO	
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TRADE OR BUSINESS SCHOOL				
OTHER				

## MILITARY EXPERIENCE

Do you have military experience? Yes \_\_\_ No \_\_\_ If yes: What Branch of the military? \_\_\_\_\_

Describe skills learned and/or duties performed:

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## SKILLS

In the space provided, list any skills, certificates, special licenses, or special training which relate to the position you are applying for: \_\_\_\_\_

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## REFERENCES

Please provide two (2) business references and one (1) personal reference:

### Business:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Personal:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

EMPLOYMENT INFORMATION (continued)

EMPLOYER	ADDRESS	CITY	STATE	ZIPCODE
SUPERVISOR'S NAME	PHONE NUMBER	DATES EMPLOYED (MM/YR)	HOURS PER WEEK	ENDING SALARY  _____/PER_____
JOB TITLE		REASON FOR LEAVING		

YOUR JOB DUTIES (INCLUDE EXAMPLES OF PAID OR VOLUNTEER WORK YOU PERFORMED):

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EMPLOYER	ADDRESS	CITY	STATE	ZIPCODE
SUPERVISOR'S NAME	PHONE NUMBER	DATES EMPLOYED (MM/YR)	HOURS PER WEEK	ENDING SALARY  _____/PER_____
JOB TITLE		REASON FOR LEAVING		

YOUR JOB DUTIES (INCLUDE EXAMPLES OF PAID OR VOLUNTEER WORK YOU PERFORMED):

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May we contact your employers? Yes \_\_\_ No \_\_\_ If not, state whom and why: \_\_\_\_\_

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The Housing Authority of Champaign County  
Background Check Authorization

This notice is being given to you pursuant to the Fair Credit Reporting Act (FCRA) 15 U.S.C. 1861. The FCRA requires that HACC make a clear and conspicuous disclosure of its intent to conduct a check of your background that may affect your application for employment or employment status. This check may include driving record, Driver's License verification, criminal background, employment and education verification, but will NOT include a credit check.

From time to time, HACC will perform checks of driving records of any employee that may drive a HACC vehicle or drive a personal vehicle conducting HACC business.

Discovery of certain adverse information on the background or records check may be grounds for HACC to take action against an applicant or employee, including but not limited to: not hiring or withdrawal of a contingent job offer; suspension; reassignment; or termination of employment.

The purpose of this notice is to advise you that HACC will perform the above noted checks at a frequency determined by HACC's Administrative Services Department. Your signature below indicates that you authorize HACC to perform the checks as part of the hiring process or at any time during the course of your employment.

Your date of birth is required to complete the background check only and has no other bearing on the hiring process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issuance

## HOUSING AUTHORITY OF CHAMPAIGN COUNTY

### CONSENT TO RELEASE URINALYSIS RESULTS TO THE HOUSING AUTHORITY OF CHAMPAIGN COUNTY

The Housing Authority of Champaign County is committed to providing a work environment that is free from drugs. All job offers made by the Housing Authority of Champaign County will be contingent upon the successful completion of a drug screening test.

I do hereby voluntarily agree to undergo a urinalysis test for drugs. I so hereby give my consent to release the urinalysis drug testing results to the Housing Authority of Champaign County to be used as a part of my application process and understand that any job offer is conditional upon my successful completion of this test. The Housing Authority of Champaign County will not discriminate against applicants for employment because of past abuse of drugs and/or alcohol.

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

\_\_\_\_\_  
Date

### REFERENCE RELEASE STATEMENT

I do hereby give my consent to references, (employment and personal) to release pertinent information about my qualifications and fitness for the position, which I have applied with the Housing Authority of Champaign County.

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

\_\_\_\_\_  
Date

### APPLICANT'S STATEMENT

I certify that the answers given herein 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. In the event that I am offered employment by the Housing Authority of Champaign County, I understand that any false or misleading information given in my application or interview may result in discharge.

I understand that neither this document nor any offer of employment constitutes an employment contract.

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

\_\_\_\_\_  
Date

## OTHER INFORMATION

Title VII of the Civil Rights Act prohibits discrimination of employment practices based on race, color, religion, sex, or national origin. Further, the Age Discrimination in Employment Act (ADEA) prohibits discrimination on the basis of age with respect to any individuals who are 40 years of age or older. Title I of the Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability. These acts cover hiring and all terms, conditions, and privileges of employment.

Are you eligible to work in the United States? Yes \_\_\_ No \_\_\_

Are any of your relatives employed by the Housing Authority of Champaign County? Yes \_\_\_ No \_\_\_

If yes, please state name and relationship: \_\_\_\_\_

In what Department? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain. Do not include juvenile conviction (under 18 years of age) unless you were tried as an adult: \_\_\_\_\_

**For positions that list driving as an essential function, driver's license and driving record information will be required at a later date.**

PLEASE BE SURE TO SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY:

I hereby affirm that the information provided on this application (an accompanying resume', if any) is true and complete to the best of my knowledge and agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorized the Housing Authority of Champaign County to verify this information to determine whether or not I am qualified for the position for which I am applying.

I hereby authorize all current and previous employers to release job-related information upon the request of the Housing Authority of Champaign County. However, I understand that if, in the Employment Information section, I have answered "No" to the question, "May we contact your employer?" contact with those particular employers will not be made without my specific authorization.

The Housing Authority of Champaign County is committed to providing a work environment that is free from drugs. I understand that any job offer made by the Housing Authority of Champaign County will be contingent upon successful completion of a drug-screening test.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE