

QUINCY HOUSING AUTHORITY  
 80 CLAY STREET  
 QUINCY, MA 02170-2799  
 (617) 847-4350  
 FAX (617) 770-2876  
 TDD NO. (800) 545-1833, Ext. 115

NAME \_\_\_\_\_  
                     First                    Middle                    Last  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE NUMBER ( ) \_\_\_\_\_  
 WORK PHONE NUMBER ( ) \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

This application for employment shall be considered active for a period of SIX MONTHS. Any applicant wishing to be considered for employment beyond this time period should CONTACT THE QUINCY HOUSING AUTHORITY.

Have you ever filed an application with us before? YES NO  
 If YES, give date \_\_\_\_\_

If required by position description to drive a motor vehicle, please answer the following: YES NO

Do you have the use of motor vehicle? YES NO

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

If YES, Class of License \_\_\_\_\_

Has your license to operate a motor vehicle ever been revoked or suspended? YES NO

If YES, explain: \_\_\_\_\_

Do you have a record of conviction(s) of motor vehicle moving violations\*? YES NO

If YES, explain \_\_\_\_\_

Are you available to work: Full Time Part Time Temporary

Are you available to work after regular hours for emergency work? YES NO

Have you been convicted of a crime within the last five-(5) years\*? YES NO

If YES, please explain

Are you Bondable? YES NO

*\*This question does not apply to a first conviction of any of the following: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace.*

The Quincy Housing Authority serves a population that speaks many different languages and often our employees are required to communicate with them. Please indicate the languages you would be able to use to communicate.

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Our regulations contain a Code of Conduct, which places some restrictions on employment of relatives. We, therefore, must inquire whether you are or your spouse is related to particular persons who have a relationship with the Quincy Housing Authority (QHA). Please answer the following question:

1. Are you or your spouse:

A QHA Commissioner      YES \_\_\_\_\_ NO \_\_\_\_\_;

A QHA employee      YES \_\_\_\_\_ NO \_\_\_\_\_;

A public official or member of local or state government who may have some function or responsibility regarding the QHA, or someone who has held such a position during the past year?

YES \_\_\_\_\_ NO \_\_\_\_\_.

2. Do you or your spouse have a parent, grandparent, child, grandchild, brother or sister who is the following:

A QHA Commissioner      YES \_\_\_\_\_ NO \_\_\_\_\_;

A QHA employee      YES \_\_\_\_\_ NO \_\_\_\_\_;

A public official or member of local or state government who may have some function or responsibility regarding the QHA, or someone who has held such a position during the past year?

YES \_\_\_\_\_ NO \_\_\_\_\_.

If you have answered YES at any time in your answers to Questions 1 and 2, please explain.

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**Note:** Applicants may be required to take a medical examination, depending upon the job description for the position for which the applicant applies. Such exam will be conducted for the sole purpose of determining whether an applicant with reasonable accommodations, if applicable, is capable of performing the essential functions of the job.

## EMPLOYMENT RECORD

**This section must be completed. A resume may not be substituted.**

Start with your MOST recent experience. Include any job-related military service assignments. (You may submit a resume as additional information or a listing of volunteer activities if you wish.)

1.	Employee Name: _____ Address: _____ _____	Date Employed From: _____ Summarize your duties: _____ _____	To: _____ _____
	Telephone No. _____	Starting Salary: _____	Final: _____
	Job Title: _____	Supervisor _____	
	Reason for leaving: _____		

2.	Employee Name: _____ Address: _____ _____	Date Employed From: _____ Summarize your duties: _____ _____	To: _____ _____
	Telephone No. _____	Starting Salary: _____	Final: _____
	Job Title: _____	Supervisor _____	
	Reason for leaving: _____		

3.	Employee Name: _____ Address: _____ _____	Date Employed From: _____ Summarize your duties: _____ _____	To: _____ _____
	Telephone No. _____	Starting Salary: _____	Final: _____
	Job Title: _____	Supervisor _____	
	Reason for leaving: _____		

4.	Employee Name: _____ Address: _____ _____	Date Employed From: _____ Summarize your duties: _____ _____	To: _____ _____
	Telephone No. _____	Starting Salary: _____	Final: _____
	Job Title: _____	Supervisor _____	
	Reason for leaving: _____		

**EDUCATION**

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE OR CERTIFICATION
High School			
Undergraduate College			
Graduate Profession			
Other (Specify)			

Describe any Specialized Training, Apprenticeships, Skills and Equipment operated:

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List any Professional, Trade, Business or Civic Activities, and Offices held:

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**References**

(List three professional references with name, address and phone number)

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I certify that all information provided on this application and on any attached resume is true and correct. Further, I certify that any information I provide during any interview will be true and correct. Any misrepresentation or omission will be grounds for discharge from employment whenever discovered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Quincy Housing Authority does not discriminate based upon an individual's race, sex, color, national origin, age, religion, sexual orientation, ancestry or disability.

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 authorize the Quincy Housing Authority to check and verify all information on my application and/or resume and release the Quincy Housing Authority from any liability resulting from the verification process.

I understand that all employment with the Quincy Housing Authority is on an at-will basis, and the employees are free to resign or be terminated at any time. Neither this application nor any personnel forms constitute an employment contract.

I understand that the Quincy Housing Authority has been certified by the Criminal History Systems Board (CHSB) for access to conviction data. I understand that Criminal Offender Record Information (CORI) will be requested regarding applicants chosen for interviews and/or offered a position which has potential for pass-key access to housing unit or the potential for unmonitored access to children. For applicants chosen for interviews and/or offered other positions, "public access" CORI will be requested from CHSB. All finalists will be required to provide his/her social security number and date of birth for CORI check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reference Authorization Waiver**  
**and**  
**Hold Harmless Agreement**

I hereby authorize the Quincy Housing Authority to contact my current and previous employers and obtain employment information. This authorization applies to information about my attendance, punctuality, knowledge of job duties, skill level, accuracy of work, ability to cooperate with other employees, motivation level, speed with which work was accomplished, flexibility, ability to comply with safety requirements, ability to take on responsibility, and related work habits.

I hereby release the Quincy Housing Authority and my current and previous employers and hold them harmless from any and all claims and liabilities arising from the release of such information.

A copy of this Waiver has the same force and effect as an original.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

kmh: 02/27/01