

**APPLICATION FOR AT-WILL EMPLOYMENT**

*The Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.*

**THE COMPANY IS AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

Please note that this application will only remain active for six months, after which the applicant will need to reapply.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Telephone #: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are there any hours or days of the week you cannot work?  Yes  No  
If so, when? \_\_\_\_\_

Salary Desired \_\_\_\_\_

Type of Employment:  Full-time  Part-time

Are you employed now?  Yes  No  
May we contact your present employer?  Yes  No

Did you ever apply to this Company before?  Yes  No Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States?  Yes  No

Have you ever been convicted of a crime except a minor traffic violation?  Yes  No  
*{This question pertains only to convictions that have not been sealed or expunged}.*

If so, please state citation, date and place where offense occurred: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

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

**REFERENCES:** Three Individuals Not Related To You, Whom You Have Known For At Least One Year.

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact \_\_\_\_\_  
 Name/Street/City/State/Telephone

**CURRENT AND FORMER EMPLOYERS: (Most Recent One First)**

DATE MONTH/ YEAR	NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITIO HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From:    To:				
From:    To:				
From:    To:				
From:    To:				
From:    To:				

\* \* \* \*

Please read the following statement carefully before signing to indicate your understanding:

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a preemployment medical examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

**I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*THE COMPANY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***

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**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: Yes No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_

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ERIE COUNTY  
HOUSING AUTHORITY

Beverly Weaver, Executive Director  
PO Box 38 – 120 South Center Street, Corry, PA 16407  
Phone & T.D.D. 814-665-5161 Fax 814-664-7230  
[www.ErieCountyHousing.org](http://www.ErieCountyHousing.org)



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I \_\_\_\_\_, hereby request the Department of  
Printed name of Driver  
Transportation to furnish a copy of my PA Driver's Record to **Erie County Housing  
Authority.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



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As part of the screening criteria to determine eligibility for employment, the Erie County Housing Authority conducts criminal background checks with law enforcement agencies.

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I hereby authorize the Erie County Housing Authority to conduct a criminal history with law enforcement agencies.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY #