



Human Resources Office 10400 Detrick Avenue Kensington, Maryland 20895 HR Office: 240-249-8962 Fax: (301) 949-1248 E-mail: hr@hocmc.org Website: www.hocmc.org

Employment Application

An Equal Employment Opportunity Affirmative Action Employer

The Housing Opportunities Commission policy of nondiscrimination is as follows:

"Discrimination in the employment, promotion, reclassification, or transfer; recruitment or recruitment advertising; reduction-in force or termination, benefits, career development and training, because of race, sex, color, age, marital status, political or union affiliation, religion, sexual orientation, national origin, physical or mental disability or genetic status is prohibited.

We will give this application every consideration; however, in accepting an application, the Agency makes no commitment of employment to the applicant. This application will be valid for 90 days. If you desire further consideration after that time, it will be necessary for you to renew the application. Please answer all questions truthfully.

Please Print – All information will be treated confidentially.

Last Name, First Name, Middle Initial
Street Address
City, State, and Zip Code

Email Address	Home Phone Number
Cell Phone Number	Office Phone (area code/extension)

Position Desired	Salary Expected
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Social Security Number:	
Are there any hours, shifts, or days you cannot or will not work?	
If offered a position, when can you report to work?	

Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, have you the legal right to work in the U.S.A? (Proof of citizenship or immigration status will be required upon employment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives who work for HOC? Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by HOC? If Yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who referred you to HOC? (Name, Advertisement, or Other)	
If you are employed and under 18, can you furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work overtime as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any reason why you cannot perform the job for which you are applying? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of an offense in a criminal court as an adult? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid motor vehicle operator's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which State? _____ Expiration Date: _____ Type: _____	

HOC's policy authorizes denial of employment to a person with a history of criminal activity including illegal use, possession or distribution of drugs.

Prior to notification of selection, a criminal record check will be completed to determine suitability for employment. Applicants receiving a conditional offer of employment will be required to submit to pre-employment drug and alcohol screening. A confirmed negative result is a condition of employment.

Education and Training						
Circle the Highest Grade Completed:						
1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19						
Name of School and Location	Type	Major	From	To	Credits Earned	Degree Received

Indicate All Other Skills and Experience

Foreign Language: _____ <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write _____ <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Computer Skills: <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Access <input type="checkbox"/> MS PowerPoint Other: _____
Office Machines/Mechanical Equipment: Typing Speed (WPM): _____ <input type="checkbox"/> Calculator/Adding Machine
Military Experience: Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Discharge Date: _____
Briefly Describe Military Duties:

Employment History

Please list your employment record starting with your most recent position. Include military part-time, summer and volunteer dates. Account all periods of unemployment – use additional sheets if necessary. If you submit a resume, all information except “Job Title and Duties” must be provided on this application form.

1) Last or Present Job

Company Name		Job Title	
Street Address		City	State
Starting Pay	Ending Pay	Date Employed From	Date Employed To
Supervisor Name		Title	Telephone Number
Description of Duties:			
Reason for Leaving:			

2) Previous Job

Company Name		Job Title	
Street Address		City	State
Starting Pay	Ending Pay	Date Employed From	Date Employed To
Supervisor Name		Title	Telephone Number
Description of Duties:			
Reason for Leaving:			

3) Previous Job

Company Name		Job Title	
Street Address		City	State
Starting Pay	Ending Pay	Date Employed From	Date Employed To
Supervisor Name		Title	Telephone Number
Description of Duties:			
Reason for Leaving:			

4) Previous Job

Company Name		Job Title	
Street Address		City	State
Starting Pay	Ending Pay	Date Employed From	Date Employed To
Supervisor Name		Title	Telephone Number
Description of Duties:			
Reason for Leaving:			

May we contact the above employers for reference checking purposes? Yes No

Please identify any employer you do not wish us to contact: _____

The following notice applies to all applicants.

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00”

NOTE: ALL APPLICANTS MUST ACKNOWLEDGE THE NOTICE ABOVE, BY SIGNATURE ON THE FOLLOWING SPACE. _____
FAILURE TO SIGN WILL RESULT IN REJECTION OF THE APPLICATION.

In order to preclude a delay in the processing of your application, please be sure that you have signed and dated the form below and that you answered every question clearly, completely, and truthfully.

I, undersigned, hereby certify that I have fully read and fully comprehend this form in its entirety and that the information herein provided is TRUE and complete to the best of my knowledge. I understand that should any statement that I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my immediate discharge at any time thereafter should I be employed by HOC. I understand that in some positions surety bonding may be required for initial and continued employment. HOC is hereby authorized to make any investigation of my prior educational and work history.

In submitting this application, I further understand that it becomes the property of HOC and will not be returned.

I understand that employment with HOC is “at will” which means that either I or the HOC can terminate the employment relationship at any time, with or without prior notice, subject to the Provisions of the Personnel Policy. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Agency other than the Executive Director, has any authority to alter the foregoing.

In exchange for considering me for employment with the Housing Opportunities Commission or any of its subsidiaries or affiliated companies, I agree that it and any of my employers, except as I have indicated above, may exchange information on my qualifications without incurring any liabilities. I also hereby authorize the release of my adult record revealing convictions within the past ten years.

I understand that, if selected, I will be required to submit to pre-employment alcohol and drug screening as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of this screening will result in withdrawal of any employment offer or termination of employment if already employed.

I HEREBY ACKNOWLEDGE that I have read and understand the above agreement.

Applicant’s Signature _____ Date _____