

## **JOB APPLICATION**

Manchester Housing Redevelopment Authority is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, age, national origin, disability, protected veteran status, gender identity or any other factor protected by applicable federal, state, or local laws.

MHRA is committed to working with and providing reasonable accommodation to individuals with disabilities. If you need a reasonable accommodation because of a disability for any part of the employment process, please call Human Resources at 603-624-2100 or email swright@manchesterhousing.org.

Name (First, Last):			
If you have worked under any other (This information is used for back	er name(s), pleas ground or refere	e include <u>:</u> nce purposes only.)	
Email Address:			
Home Address:			
City	State		Zip
Best Contact Number: ()			
Are you over the age of 18?Ye	esNo		
Position(s) applied for:			
Preferred Status:Full-time	Part-time	Temporary, Until w	hen?
Date available:Mini	imum desired sal	ary/hourly rate:	
Have you applied for employment	there before?	YesNo - If yes, app	orox. when:
For what position(s)?			<del></del> -



Were you previous	ly employed by MHRA?_	YesNo	
Were you referred?	If so, by who?		
Are you or have yo If yes, where and w		esident or received h	nousing assistance through the Authority
Have you ever been	n convicted of a crime (in	cluding driving reco	ord)? If yes, please explain:
	<u>PROFES</u>	SIONAL REFER	RENCES
-		o managers and one own and telephone n	e peer, including: name, title, organizatio number.
1. Name	Titl	le	Organization
Years Known	Phone Number	Email	
2. Name	Titl	le	Organization
Years Known	Phone Number	Email	
3. Name	Titl	le	Organization
Years Known	Phone Number	Email	



## **EDUCATION**

Name of Fac	ility & Location	Graduated, Y or N
High School:		
College / University:		
Major:		
Graduate School:		
Major:		
Other:		
	completed and professional licenses, elieve would make you successful in t	
	EMPLOYMENT HISTOR  ears of employers and positions held ( a resume is supplied in addition to the	list most recent first). This section
1.Employer:	Address:	Phone:
Position:	Supervisor Name:	
Duties / Responsibilities:		
Dates of Employment:		
Reason for Leaving:		



2.Employer:	Address:	Phone:
Position:	Supervisor Name:	
Duties / Responsibilities:	I	
Dates of Employment:		
Reason for Leaving:		
3.Employer:	Address:	Phone:
Position:	Supervisor Name:	
Duties / Responsibilities:		
Dates of Employment:		
Reason for Leaving:		
4.Employer:	Address:	Phone:
Position:	Supervisor Name:	
Duties / Responsibilities:		
Dates of Employment:		
Reason for Leaving:		



Have you ever been discharged or forced to resign from a position?YesNo
If yes, please explain:
Please note that conviction of a crime is not automatically a bar to employment, and factors such as seriousness of the offense, date of the offense, nature of the offense, rehabilitation, and relationship to position, will be considered.
I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION AND ON MY RESUME IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION MAY DISQUALIFY ME FROM CONSIDERATION FOR A POSITION, OR IF I AS EMPLOYED, MAY RESULT IN MY IMMEDIATE DISCHARGE FROM EMPLOYMENT.
Further, in order that the Manchester Housing and Redevelopment Authority may process my application for employment, I hereby authorize the Manchester Housing and Redevelopment Authority, its subsidiaries, officers, directors, employees, representatives and agents (hereinafter collectively referred as "MHRA") to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history; education history; criminal record and military record, if any; to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information MHRA in its sole discretion deems as necessary to determine my eligibilit for employment or for the purposes of confirming the accuracy or completeness of any information I ha provided to MHRA. I understand that MHRA may contact my previous employers, and I authorize those employers to disclose to MHRA all records and other information pertinent to my employment with the I also authorize MHRA to provide truthful information concerning my employment with it to future prospective employers, and I agree to hold it harmless for providing such information. In consideration for the processing of my application for employment with MHRA, I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS MHRA from any and all liability based on their authorized receipt, disclosur and use of the information gathered in the processing of my application for employment.
MHRA participates in E-Verify.  I UNDERSTAND THAT, IF HIRED, ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON PRODUCTION OF PROOF OF EMPLOYMENT ELIGIBILITY (I-9).  OFFER OF HIRE CONDITIONAL ON CANDIDATE'S ABILITY TO PERFORM ESSENTIAL JOB FUNCTIONS, WITH OR WITHOUT ACCOMMODATION, AS DETERMINED BY A MEDICAL PROVIDER.  BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING AND SO AUTHORIZE AND RELEASE MHRA.
Print Name: Date:
Signature:

