



MANCHESTER
HOUSING AND REDEVELOPMENT AUTHORITY

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 603-624-2020 or email jleonard@manchesterhousing.org.

Name (First, Last): _____

If you have worked under any other name(s), please include: _____
(This information is used for background or reference purposes only.)

Email Address: _____

Home Address: _____

City _____ State _____ Zip _____

Best Contact Number: (____) _____

Are you over the age of 18? ___ Yes ___ No

Position(s) applied for: _____

Preferred Status: _____ Full-time _____ Part-time _____ Temporary, Until when? _____

Date available: _____ Minimum desired salary/hourly rate: _____

Have you applied for employment here before? ___ Yes ___ No - If yes, approx. when: _____

For what position(s)? _____

Were you previously employed by MHRA? ____ Yes ____ No

Were you referred? If so, by who? _____

Are you or have you ever been an MHRA resident or received housing assistance through the Authority?
If yes, where and when?

Have you ever been arrested for or convicted of a crime that has not been annulled by a court? If yes,
please explain:

PROFESSIONAL REFERENCES

List below three professional references, two managers and one peer, including: name, title, organization,
years known and telephone number.

1. _____
Name Title Organization

Years Known Phone Number Email

2. _____
Name Title Organization

Years Known Phone Number Email

3. _____
Name Title Organization

Years Known Phone Number Email

EDUCATION

Name of Facility & Location

Graduated, Y or N

High School: _____

College / University: _____

Major: _____

Graduate School: _____

Major: _____

Other: _____

Please list special courses completed and professional licenses, registrations, or certificates that you
believe would make you successful in this position:

EMPLOYMENT HISTORY

Please provide your last 10 years of employers and positions held (list most recent first). This section **must be completed**, whether a resume is supplied in addition to the application or not.

1. Employer:	Address:	Phone:
Position:	Supervisor Name:	
Duties / Responsibilities:		
Dates of Employment:		

Reason for Leaving:		
2. Employer:	Address:	Phone:
Position:	Supervisor Name:	
Duties / Responsibilities:		
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? ____ Yes ____ No

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 AM 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 to 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 eligibility for employment or for the purposes of confirming the accuracy or completeness of any information I have 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 them.

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, disclosure 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: _____