

Lake County Housing Authority 33928 North U.S. Highway 45 Grayslake, IL 60030



The Lake County Housing Authority is an equal opportunity employer and will ensure that all applicants are considered equally without regard to race, color, religion, age, sex, national origin, disability status, protected veteran status or sexual orientation.

Name:					
(Last)	(First)		(Middle)		(Former Names)
Address:					
(Street Address)		(City)	(ST)		(Zip)
Telephone: () (Hor	>	() (Mork)	E-Mail:		
Optional Check One: Male Female	Optional	(Work) hite 🗌 Black 🗌 Hispar	American Indian/ nic	Asian/Pacific Isla	Inder 🗌 Filipino
If additional space is needed	d for any field, pl	ease use extra blar	וk sheet(s) to be att	ached as neede	d
Which position(s) are you app	lying for?				
What is the minimum salary ye	ou will accept?				
Desired Status: D Full-Time	🛛 Part-Time 🗖 Te	emporary D Seasor	nal		
What date are you available to	start work?	Are you on la	yoff and subject to re	ecall? 🗖 Yes 🗖 N	0
Were you ever employed by th If yes, give:		Dates:	Yes	□ No	
Are you a veteran of the U.S. If yes, give:	-	Branch	to		
Office Skills: Do you type? Do you take shortha	nd or speedwriting	□ Yes g? □ Yes			
Other office machines which y	'ou operate:				
Do you hold any elective or ap If yes, explain in deta			□ Yes □ No		
Are you related to anyone curr If yes, whom?	rently employed wi	ith the Housing Auth		D No	

EDUCATIONAL RECORD

	Elementary	High School	College/University	Graduate/Professional
School Name				
Circle Years Completed	4 5 6 7 8	9 10 11 12	1234	1 2 3 4
Diploma/Degree				
Describe Course(s) of Study				

Honors and/or Awards Received: _____

What specialized training have you completed? _____

Give names, addresses and telephone numbers of two professional and one personal reference who is not related to you and are not previous employers:

Name	Address	Telephone No.	Years Known

Driver's License # _____

State of Issue _____

Date of Expiration _____

NOTICE

The driving record of any employment candidate for a position involving continuous or periodic driving on a frequent basis will be examined before or as a condition of hiring.

Any one of the following motor vehicle records (MVRs) may prevent employment of the applicant:

- 1. A DUI/DWI conviction within the last three (3) years.
- 2. A hit-and-run conviction within the last three (3) years.
- 3. Any combination of four (4) accidents and/or moving violations within the last three (3) years.
- 4. Two (2) accidents, or a combination of one (1) accident plus two (2) moving violations within the last one (1)-year period.
- 5. Any license suspension or revocation within the last three (3) years.

EMPLOYMENT HISTORY

Give details of your last five employers and, where necessary, list other previous positions that will account for your employment record over the past ten years. List present or most recent positions first and account for all lapses of time. Include details of military service where service specialties or duties are relevant to the job or position you are seeking.

Company Name/Address/Phone:	
Title:	
Employment Dates: / to /	Reason for Leaving:
mo/yr mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	
Company Name/Address/Phone:	
Title:	
Employment Dates: / to /	Reason for Leaving:
mo/yr mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	
Company Name/Address/Phone:	
Title:	
Employment Dates: / to /	Reason for Leaving:
mo/yr mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	
Company Name/Address/Phone:	
Title:	
Employment Dates: / to /	Reason for Leaving:
mo/yrno/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	
Company Name/Address/Phone:	
Title:	
Employment Dates: / to /	Reason for Leaving:
mo/yr mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:	Supervisor:
Briefly Describe Your Duties:	
	3

847-223-1170 Phone

NOTICE

The Lake County Housing Authority is a section 3 employer. A section 3 resident is: A public housing resident (ex. LCHA resident) or Housing Choice Voucher Residents (HCV)

- Low-Income persons with incomes that do not exceed 80% of the median income for the area (Chicago Metropolitan Area);
- Very Low- Income persons with incomes that do not exceed 50% of the median income for the area (Chicago Metropolitan Area)

I certify that I am eligible for a Section 3 preference and have completed the applicable form.

_____Yes _____No

Applicant's Statement

I certify that answers and statements made in the Lake County Housing Authority application form and in any resume' or letter seeking employment with the Lake County Housing Authority (altogether my "application for employment") are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and I hereby consent to the release of any requested information by employers, educational institutions, trade associations, law enforcement agencies, credit reporting agencies and other individuals to authorized employees of the Lake County Housing Authority. Lake County Housing Authority will maintain such information as confidential.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should request in writing that the application for employment remain on file for an additional 45 days.

I hereby acknowledge that any employment relationship with Lake County Housing Authority is of an "at will" nature, which means that the employee may resign at any time and Lake County Housing Authority may discharge me at any time with or without cause. It is further understood

this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Lake County Housing Authority.

In the event I become employed by Lake County Housing Authority I understand that false or misleading information given in my application for employment or interview(s) therefore may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Lake County Housing Authority.

Signature of Applicant	Date Signed		