

If you are seeking an accommodation to participate in the employment process or other services, please notify the HR Manager at the address listed below, or by calling (303) 794-9608. The Littleton Housing Authority: dba South Metro Housing Options offers equal employment opportunities to all persons without regard to age, color, race, physical or mental disability, national origin, religion, creed, gender, sexual orientation, veteran status, military status, marital status or any other legally protected status.



South Metro Housing Options

5808 S Rapp Street, Suite 100  
 Littleton, CO 80120-1942  
 Main Ph: 303-794-9608

Date of Application:	
Position of Interest:	
Availability:	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>
Desired Salary range:	

**(PLEASE PRINT)**

Name: \_\_\_\_\_  
 First name MI Last Name

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

Phone: \_\_\_\_\_  
 Home phone Mobile phone Alternate phone

Email address: \_\_\_\_\_

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. Please print, except for signature at the end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Do you have a valid driving license?  Yes  No  
 Drivers License number: \_\_\_\_\_ Class of License \_\_\_\_\_ State issued: \_\_\_\_\_

How did you learn about this position?  
 Have you previously applied with us?  Yes  No Have you previously worked for us?  Yes  No  
 If yes, please provide dates and position(s) held: \_\_\_\_\_

Have you ever been fired from a position?  Yes  No  
 If yes, please explain circumstances: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No  
 (Employment is subject to verification of minimum legal age)  
 Are you legally authorized to work in the United States?  Yes  No  
 (Documented proof of identity and eligibility for employment in the US is required and is verified through E-Verify).

Have you been convicted of a felony within the last 7 years?  Yes  No  
 If yes, please explain circumstances: \_\_\_\_\_

(Conviction will not necessarily disqualify an applicant from employment. SMHP will consider the gravity of the offense, the time passed since conviction or plea and the nature of the job sought).

If hired, what is the earliest date you would you be able to report to work? Target Date: \_\_\_\_\_  
 Other: \_\_\_\_\_



**EDUCATION / TRAINING**

Specialized training / Job Related skills: Include job-related apprenticeships, extracurricular activities, qualifications from employment and other experiences, awards, etc.

List training/skills:

School Years completed	GED <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	Greater than 19 <input type="checkbox"/>
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	School Name	Location	Diploma/ Degree	Area of Study / Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade / Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

At which computer skills and / or software are you most proficient?



### CURRENT AND PREVIOUS EMPLOYMENT

List names of employers in chronological order with present (or most recent, if currently unemployed) employers listed first. Include all employment or self-employment for the last ten years, including any periods of unemployment. **Use an additional sheet, if necessary to account for the ten-year period. All information requested on this application MUST be completed, even if you are submitting a resume.**

#### Current or last Employer

Dates of Employment: From: _____ To: _____		IF YOU ARE CURRENTLY EMPLOYED (Is company aware you are looking?) May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Employer: _____		Phone: _____
Address: _____		
Position Title: _____		Reason for Leaving: _____
Duties/Responsibilities: _____		

#### Previous Employer

Dates of Employment: From: _____ To: _____		
Employer: _____		Phone: _____
Address: _____		
Position Title: _____		Reason for Leaving: _____
Duties/Responsibilities: _____		



**Previous Employer**

Dates of Employment: From:                      To:	
Employer:	Phone:
Address:	
Position Title:	Reason for Leaving:
Duties/Responsibilities:	

**Previous Employer**

Dates of Employment: From:                      To:	
Employer:	Phone:
Address:	
Position Title:	Reason for Leaving:
Duties/Responsibilities:	

**PLEASE READ STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date following hire. I understand that any statements or assertions listed on my resume will be viewed as though I had included that information on this application. I understand that, if hired, I must furnish appropriate documentation to SMHO establishing my identity and employment eligibility. If offered a position by SMHO, I agree to provide documents which verify my identity and right to work in the United States within 72 hours of commencing employment.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-



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employment health screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR AND THE EMPLOYEE. IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature, consent to these statements

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of application

This application for employment will remain active for 60 days and does NOT constitute a contract of employment.

**Please provide at least three PROFESSIONAL references (not relatives). Prefer direct managers present or past (as many as you wish to include), co-workers (limit to one person for co-worker), or people who reported to you (limit to one person who reported to you).**

NAME	ADDRESS OR EMAIL	PHONE	RELATIONSHIP (in what capacity do they know you)?