



Illinois Housing Development Authority

401 N. Michigan Avenue, Suite 700, Chicago, IL 60611 (312)836-5200 (312) 832-2178 Fax

Email: employment@ihda.org

APPLICATION FOR EMPLOYMENT

Name:

Date:

Last First Middle

Address:

City State Zip

Phone Number: ☐ cell ☐ home

Email Address:

@

Choose one of these:

Can you, after employment, submit verification of your legal right to work in the United States? ☐ Yes ☐ No

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Referral Source:

☐ internet

☐ ad

☐ employee referral (name)

☐ job posting(where)

☐ other (describe)

(Advertisement, employment agency, personal contact, etc.)

Have you worked here before? ☐ Yes ☐ No

Are there any hours or days you cannot or will not work?

Prefer Part-time ☐

Full-time ☐

Is any member of your family employed at IHDA? ☐ Yes ☐ No

If yes, name of relative _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

(Do not include any conviction for which records are sealed or expunged.)

If yes, give the nature of the offense, date of conviction, penalty imposed for the offense and date of release from prison, if applicable. **NOTE:** Your conviction record will not necessarily be a bar to employment.

Are you in default on the repayment of any educational loan for a period of 6 months or more and in an amount of \$600.00 or more? ☐ Yes ☐ No

EDUCATION	Name and location of school	Years attended	Major	Diploma/Degree Received
High School				
College or University		To		
College or University		To		
Other Training/Education:				

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No Dates of duty _____ to _____
MM/YY MM/YY

Branch _____ Applicable skills acquired: _____

POSITIONS APPLIED FOR 1. _____ 2. _____

When can you start?

WORK HISTORY At the present time may we contact your present employer? ☐ Yes ☐ No

(1) Most recent employer	Address	Phone
Start Date	Starting Salary \$ _____ per	Starting Position
Date Left	Ending Salary \$ _____ per	Position on Leaving
Name and title of Supervisor		
Description of Duties		Reason for Leaving
(2) Previous employer	Address	Phone
Start Date	Starting Salary \$ _____ per	Starting Position
Date Left	Ending Salary \$ _____ per	Position on Leaving
Name and title of Supervisor		
Description of Duties		Reason for Leaving
(3) Previous employer	Address	Phone
Start Date	Starting Salary \$ _____ per	Starting Position
Date Left	Ending Salary \$ _____ per	Position on Leaving
Name and title of Supervisor		
Description of Duties		Reason for Leaving
(4) Previous employer	Address	Phone
Start Date	Starting Salary \$ _____ per	Starting Position
Date Left	Ending Salary \$ _____ per	Position on Leaving
Name and title of Supervisor		
Description of Duties		Reason for Leaving

APPLICANT'S CERTIFICATION AND AGREEMENT

☐ **By checking this box**, I certify that the information contained in this Application for Employment is true to the best of my knowledge and belief. I understand that any misrepresentation of fact or omission of material fact on this or any employment form will be sufficient reason not to hire me and may be cause for dismissal. IHDA is hereby authorized to verify the information set forth and to make any investigation of my background. I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply information concerning my background.

☐ **By checking this box**, I understand that IHDA is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment. If hired, my employment will be at will.

☐ **By checking this box**, I specifically waive any right I may have to written notice from my former employers, references, or schools prior to the release of any information to IHDA.

Date

Applicant's Signature