



APPLICATION FOR EMPLOYMENT

Last Name	First	MI	Maiden/Other Name(s)	Date of Application
Street Address			Type(s) of Work Desired	Do you hold a valid driver's license?
City	State	Zip	Personal Telephone	Work Telephone

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

CCHC is an equal opportunity employer. CCHC will not discriminate with respect to hiring, promotion, termination, compensation or any other term or condition of employment on the basis of color, creed, sex, religion, national origin, age, marital status, status with regard to public assistance, membership or activity in a human rights commission, disability, sexual preference or any other basis deemed illegal.

Employment Record

Starting with present or most recent, list previous employers. Include self-employment, summer and part-time jobs.

If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Most Recent Company Name		Type of Business	Type or Classification of Job	
Street Address		Phone Number	Brief Description of Job Duties	
City	State	Zip		
Supervisor's Name		Phone Number		
Base Salary	Dates Worked From To			
Reason for Leaving				
Company Name		Type of Business	Type or Classification of Job	
Street Address		Phone Number	Brief Description of Job Duties	
City	State	Zip		
Supervisor's Name		Phone Number		
Base Salary	Dates Worked From To			
Reason for Leaving				



Educational History

School Name	Location (City, State)	Major Course or Subject	Graduated		Degree
			Yes	No	
High School					
Technical/Trade					
College (list all attended)					
Other Education/Training					

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age or handicap.)

Professional memberships, certificates or licenses held.

Past and present civic or cultural activities - include offices held.

Principal Hobbies

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (street, city, state, zip)	Phone Number (include area code)	Occupation

May we contact your present employer? Yes No

Wage or salary required.

Date available.

I hereby certify that the answers and other information on this application are true and correct and that I understand that any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment will be contingent upon passing and maintaining Minnesota Background Study clearance, receipt of an alien registration number, verification of birth and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date

Signature

Send completed application to: Judy Aspling, Center City Housing Corp, 105 1/2 W First St, Duluth MN 55802
Or email to: jaspling@centercityhousing.org Or fax to: 218-720-3483

**EQUAL EMPLOYMENT OPPORTUNITY (EEO)
SELF-IDENTIFICATION FORM**

Center City Housing Corp. is committed to equal employment opportunity and affirmative action. CCHC is required by the Minnesota Department of Human Rights to request and maintain the following data on all applicants for employment. This information will be used for statistical summaries of employment practices, and to monitor the agency's compliance with equal employment opportunity and affirmative action. Your voluntary completion and return of this form is encouraged.

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and, if you are hired by the Company, your personnel file.

Name (Last, First, MI) - required: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one): Female Male

Race/Ethnic Identification (check one):

Hispanic or Latino — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications:

White (Not Hispanic or Latino) — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (Not Hispanic or Latino) — A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) — A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino) — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam

American Indian or Alaska Native (Not Hispanic or Latino) — A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

Two or More Races (Not Hispanic or Latino) -- All persons who identify with more than one of the above five races

Disability Identification (check one):

Yes I have a disability (or previously had a disability)

No I do not have a disability

(Note: Disabilities may include, but are not limited to blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), partially or totally missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability.

Decline self-identification

Applicant's Signature - required: _____

Date: _____