HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501

PH/TDD (541) 779-5785 **FAX (541) 857-1118**

EMPLOYMENT APPLICATION

All qualified applicants will receive consideration for employment without regard to race, color, national origin, religion, age, sex, sexual orientation, gender, gender identity, pregnancy, physical or mental disability, familial status, protected veteran status or military service, or any other characteristic protected under applicable federal, state and/or local laws.

POSITION APPLYING FOR: ____

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name: ______________________________________ Address:_______________________________________

E-mail Address: _____________________________ Contact Phone#:___________________________________

Are you eligible to work in the U.S? ___Yes ___No

Are you at least 18 years or older? ___Yes ___No

Have you ever been terminated from employment or asked to resign by an employer? ___Yes ___No

If yes, please provide company names and details ____

____

____

Are you able to perform the essential functions of the job for which you are applying either with or without a reasonable accommodation? ___Yes ___No. If no, describe the functions that cannot be performed __________

____

Date you can start: ______________________ Are you currently employed? __________________

If so may we inquire of your present employer? _______________________

REFERRAL SOURCE

How did you hear about us? Walk-In Advertisement Referral Other

Have you ever worked for this company before? _____Yes _____No If yes, when and position_____________

Do you know anyone who works for our company? ___Yes ___No If yes, who? ____________________________

EDUCATION:	**Name/location**	**Years Attended**	**Degree/Certificate Received**
High School			
College or University			
Trade /Business School			

If you are applying for a position requiring bilingual abilities, please complete this section.

Speak Fluent _______ Good _________ Fair____________

Read Fluent _______ Good _________ Fair____________

Write Fluent _______ Good _________ Fair____________

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Dates From/To: ___________________________ Years: ____________________ Months: ______________

Name of Employer: _________________________________ Address: ___________________________________

Supervisor Name: __________________________________ Contact Number: ____________________________

Reason for Leaving: ____

Job Title: ________________________________ Duties: ____

____

____

May We Contact Employer: ________ Yes _______ No

Dates From/To: ___________________________ Years: ____________________ Months: ______________

Name of Employer: _________________________________ Address: ___________________________________

Supervisor Name: __________________________________ Contact Number: ____________________________

Reason for Leaving: ____

Job Title: ________________________________ Duties: ____

____

____

May We Contact Employer: ________ Yes _______ No

Dates From/To: ___________________________ Years: ____________________ Months: ______________

Name of Employer: _________________________________ Address: ___________________________________

Supervisor Name: __________________________________ Contact Number: ____________________________

Reason for Leaving: ____

Job Title: ________________________________ Duties: ____

____

____

May We Contact Employer: ________ Yes _______ No

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

____

____

Computer Skills (please describe): ____

REFERENCES: Give the names of three persons not related to you, whom you have known for at least three years and whom can speak of your work habits and behaviors, work related skill set, and experience relevant to the position for which you applying.

Name	Contact Number	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

All qualified applicants will receive consideration for employment without regard to race, color, national origin, religion, age, sex, sexual orientation, gender, gender identity, pregnancy, physical or mental disability, familial status, protected veteran status or military service, or any other characteristic protected under applicable federal, state and/or local laws.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for HAJC to hire me. If I am hired, I understand that either HAJC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of HAJC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to HAJC true and complete information on this application. No requested information has been concealed. I authorize the HAJC to contact references provided for employment reference checks. If any information I have provided on this application or through the recruiting, application, interviewing and onboarding process is determined to be inaccurate or false, of if HAJC believes that I concealed material information in this process, I understand that any offers of employment will be revoked and, if I am employed at the time of the discovery, I will be subject to immediate termination of employment.

Date ___________________________ Signature ____

THIS APPLICATION IS VALID FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

Please Read Carefully

If you have any questions regarding the application, this statement, or if you need special assistance in regard to applying for this position, please ask the person who is assisting you with this application.

As an equal opportunity employer, the Housing Authority of Jackson County will strive to conduct all personnel practices and procedures, including recruitment, selection, employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, reductions-in-force, terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, color, national origin, religion, age, sex, sexual orientation, gender, gender identity, pregnancy, physical or mental disability, familial status, marital status, source of income, protected veteran status or military service, or any other characteristic protected under applicable federal, state and/or local laws.

The answers to the questions on this application are not intended for use for discriminatory purposes.

Your application will be given the consideration it deserves; however, our acceptance of your completed application for our consideration does not mean you will be offered employment. By signing your name below, you indicate your understanding that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and this Organization. If hired, you will be, at all times, an at-will employee. Should this application and the hiring process result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, the Housing Authority of Jackson County reserves the right to terminate your employment at any time and for any reason not prohibited by law.

Moreover, you understand no representative of this Agency, with the exception of the executive director, has any authority to enter into any agreement of any kind or form with you for any specified period of time or to guarantee any other terms of employment, including benefits. **No statements, written or verbal, made to you at any time prior to, or during, employment are intended to alter your at-will status**.

When processing this application, and if applicable to the position for which you are applying, the Housing Authority of Jackson County may request third parties perform criminal background checks about you and a driving record check. Should this be necessary, you will be given separate forms to fill out authorizing any such checks and setting forth information about your rights. In addition to these background checks, the Agency may directly contact past employers, supervisors, and/or any other person listed in this application regarding the statements you make during the application process and your suitability for employment. This inquiry may include information as to your general character, reputation, and work-related characteristics.

I certify with my signature below I have given the Housing Authority of Jackson County true and complete information on this application to the best of my knowledge. I have omitted no facts called for on the application and have not made any false statements. No requested information has been concealed. I authorize the Housing Authority of Jackson County to verify the accuracy of the statements and obtain reference information on my work performance.

I understand that, if employed, any false statements or omissions of fact called for on this application could result in dismissal. I understand that should an employment offer be extended to me and accepted, I will at all times be an at- will employee. I will fully adhere to the policies, rules, and regulations of employment. However, I further understand that neither HAJC's policies, rules, regulations, nor anything said during the interview process, shall be deemed to alter the at-will nature of my employment or to constitute the terms of an implied employment contract.

Date:____

Signature of Applicant: ____

Applicant's Printed Name: ____ _______

This application for employment expires 60 days after the date indicated next to your signature. Consideration for employment after 60 days requires a new application.

EMPLOYEE RIGHTS

UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

WH1420 REV 04/16

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▸ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to $200 daily and $2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to $200 daily and $12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▸ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▸ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

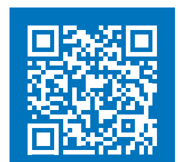
1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

▸ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



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