

APPLICATION FOR EMPLOYMENT

It is the employment policy of the Housing Authority to hire regardless of race, color, creed, religion, ancestry, national origin, age, handicap, sex or marital status.

PERSONAL DATA

Name (Last)	(First)	(Initial)	Social Security Number (last 4)
Address (Number)	(Street)		Home Phone No.
(City)	(State)	(Zip)	Cellular Phone No.
Best phone number to reach you at during business hours (8:00a – 5:00p):			Business Phone No.
In Case of Emergency we should notify: Name			Home Phone No.
Address			Business Phone No.
If you have ever worked under any other name(s), please list.		Have you the legal right to remain permanently and work in the U.S.?	

POSITION DESIRED

Position applied for _____ (use only one (1) job title per application)
 Would you work Full-Time Part-Time Specify days and hours if Part-Time _____
 List other positions for which you feel you are qualified _____
 All new employees must undergo a physical examination.

SKILLS

LANGUAGES
 (Other than English) Read _____ Speak _____ Write _____
 Machines operated: _____ Type: Yes No _____ wpm

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes No If YES, which branch? _____
 Rank at Discharge _____ List dates of military service: From _____ To _____
 Reserve Obligation Yes No Branch of Service _____

PREVIOUS EMPLOYMENT WITH HOUSING AUTHORITY

Have you ever been employed by the Housing Authority of the County of Butte? Yes No
 Classification _____ From _____ To _____
 Do you have any relatives employed by the Housing Authority of the County of Butte? Yes No
 Names _____ Relationship _____

DRIVER'S LICENSE

Driver's License -
 State Issuing: _____ Class _____ License Number _____ Expiration Date _____

EDUCATION AND TRAINING

A. Elementary/High School: Circle the highest grade you completed												Passed High School Equivalency Test (if applicable)	
1	2	3	4	5	6	7	8	9	10	11	12	()Yes ()No	
B. Name & Location of College or University				Major		Completed Units		Degree		Date Completed			
						Semester	Quarter						
C. Business, Correspondence, Trade or Service Schools: Course of Study & length of training or hours completed:													

D. Currently valid certificate of profession or vocational competence, licenses, membership in professional associations. (Indicate dates of completion):													

EMPLOYMENT HISTORY (beginning with most recent position, account for all employment during the past 10 years)

Dates (Month & Year)	Employer's Name and Address	Your Position, Title and Duties	Reason for Leaving or Unemployment
From: To:	Phone: Supervisor: Kind of Business:		
From: To:	Phone: Supervisor: Kind of Business:		
From: To:	Phone: Supervisor: Kind of Business:		
From: To:	Phone: Supervisor: Kind of Business:		
From: To:	Phone: Supervisor: Kind of Business:		

PREVIOUS EMPLOYMENT

Were you ever discharged, rejected during a probationary period, or asked to resign from any employment within the last ten years.
 ()Yes ()No If YES, give name and address of employer, reason for each release and dates of employment:

I agree, if employed to furnish a work permit or other proof of meeting legal requirements to work in the U.S. as required by the Immigration Reform and Control Act of 1986.

I HEREBY CERTIFY that all statements in this application are true and complete. I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the Housing Authority of the County of Butte.

Employment with the Housing Authority of the County of Butte is contingent on satisfactory completion of a post-offer pre-employment physical test, including a drug screening and background check, including references and criminal history.

Signature

Date

Thank you for completing this form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Housing Authority will be based only on your merit and on no other consideration.

The Housing Authority of the County of Butte is an Equal Opportunity and Affirmative Action Employer.

DISCLOSURE AUTHORIZATION AND RELEASE

"I hereby authorize any former employer, its employees and representative, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the Housing Authority of the County of Butte and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information against any former employer, its employees, and representatives, or any person listed as a reference, and release any former employer, its employees, and representatives, former educational institution, or any person listed as a reference from any and all liability, claims or damages that may directly or indirectly result from the sue, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me."

Applicant/Employee's Signature

Date

Print or type individual's name