

APPLICATION FOR EMPLOYMENT

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Candidates for employment will be considered without regard to race, color, creed, sex, age, religion, national origin, handicap, marital status or sexual orientation. All applicants may be subject to criminal history and credit reports.

GENERAL INFORMATION

| | | | |
|------------------------------------------------------------------------------------------------------|---------|--------------------|-----------------------|
| | | | () |
| Last Name | (First) | (Middle Initial) | Home Telephone |
| | | | () |
| Address (Number & Street) | (City) | (State) | (Zip) Other Telephone |
| Are you legally entitled to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Social Security #: | |
| Names of relatives employed by this company: | | | |
| Person(s) to contact in case of emergency (Include Name and Phone Number): | | | |

POSITION

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Position or Type of Employment Desired: | Will Accept: |
| Will you be able to perform the duties of the position for which you are applying with or without accommodation? <input type="checkbox"/> With <input type="checkbox"/> Without | <input type="checkbox"/> Full-time <input type="checkbox"/> Day Shift |
| | <input type="checkbox"/> Part-time <input type="checkbox"/> Swing Shift |
| If with, please explain: | <input type="checkbox"/> Temporary <input type="checkbox"/> Graveyard Shift |
| | <input type="checkbox"/> Rotating Shift |
| Date Available: _____ | |

EDUCATION AND TRAINING

| High School Graduate or General Education Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------|----------------|----------------|-----------------|-----------------|----------------|------------------------|
| If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | |
| List Below College, Business School, Military, Etc. (Most recent first) | | | | | | | |
| Name And Location | Dates Attended Month/Year | Credits Earned | | | Grad. Yes/No | Degree Year | Major Or Subject Taken |
| | | Quarter Hours | Semester Hours | Other | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| License, Certificate or Registration | Number | Where Issued | Date of Issue | Expiration Date | | | |
| Languages Read, Written or Spoken Fluently Other Than English | | | | | | | |

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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VETERAN INFORMATION

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|-------------------|---------------|-------------------|
| Branch of Service | Date of Entry | Date of Discharge |
|-------------------|---------------|-------------------|

WORK EXPERIENCE (Include voluntary work and military experience).

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|--------------------|-----------------------------|--------------------|
| Employer | Telephone Number | From (Mo./Year) |
| Address | | To (Mo./Year) |
| Your Title | Number Employees Supervised | Hours Per Week |
| Special Duties | | Last Salary |
| | | Supervisor |
| | | |
| | | |
| | | |
| Reason for Leaving | | |

| | | |
|--------------------|-----------------------------|--------------------|
| Employer | Telephone Number | From (Mo./Year) |
| Address | | To (Mo./Year) |
| Your Title | Number Employees Supervised | Hours Per Week |
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| Special Duties | | Last Salary |
| | | Supervisor |
| | | |
| | | |
| | | |
| Reason for Leaving | | |

REFERENCES

| | | |
|------|---------|---------|
| Name | Address | Phone # |
| | | |
| | | |
| | | |

I understand and agree that, if hired, I am an at-will employee and that the Housing Authority of Chelan County and the City of Wenatchee has the right to terminate my employment at any time for any reason with or without notice. I also agree to abide by all present and subsequent policies and procedures established by the Housing Authority of Chelan County and the City of Wenatchee.

 Initials Date

I swear all statements in this application are true and correct. I understand that false information may be cause for dismissal.

Signature of Applicant _____ Date _____