

WARREN HOUSING AUTHORITY

APPLICATION FOR EMPLOYMENT

The Warren Housing Authority is dedicated to complying with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be completed.

PERSONAL INFORMATION

| | | | | |
|-------------------------------------|--|---------------------------------------------------------------------------------------------|--------------|------------|
| Name (Last, First, Middle) | | | | |
| Street Address | | City | State | Zip |
| Telephone Number | | Email Address | | |
| If under 18, please list age | | High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

EMPLOYMENT DESIRED

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Position applied for | Days/Hours available to work |
| Salary/Wage desired | Hours available weekly |
| Employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time or Full Time | |
| When are you available to start work? | |

EDUCATION

| Type of School | Name of School | Location | Years Completed | Major / Degree |
|---------------------------------|----------------|----------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Business/Trade School | | | | |
| Professional or Graduate School | | | | |

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WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, provide the business name. Attach additional sheets if necessary.

| | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|
| Name of employer Address City, State, Zip Phone Number | Name of last supervisor | Employment dates |
| | Pay/Salary Start: Finish: | |
| Reason for leaving | | |
| List the duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|
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| Reason for leaving | | |
| List the duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |

Please answer the following questions:

Are you currently employed? ☐ **Yes** ☐ **No**
May we contact your present/past employer? ☐ **Yes** ☐ **No**
Did you complete this application yourself? ☐ **Yes** ☐ **No**
If no, who completed this application? _____
Have you ever been convicted of a felony? ☐ **Yes** ☐ **No**
If yes, explain: _____

Are you authorized to work in the U.S. on an unrestricted basis? ☐ **Yes** ☐ **No**
Have you been previously employed by this company? ☐ **Yes** ☐ **No**
If yes, Dates of employment _____ **Position Held** _____
Do you have friends or relatives that work for this company? ☐ **Yes** ☐ **No**
If yes, list name(s) and relationship to you _____

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If hired, do you have a reliable means of transportation to and from work?

☐ Yes

☐ No

Are you able to perform the essential functions and duties of the position you're applying for?

☐ Yes

☐ No

If no, please list the functions or duties you cannot perform: _____

REFERENCES

Please list below three (3) people not related to you who have knowledge of your work performance and/or personal qualifications within the last five (5) years.

| Name | Occupation |
|--------------|-------------|
| Company name | Address |
| Telephone | Email |
| | Years known |

| Name | Occupation |
|--------------|-------------|
| Company name | Address |
| Telephone | Email |
| | Years known |

| Name | Occupation |
|--------------|-------------|
| Company name | Address |
| Telephone | Email |
| | Years known |

Please complete the following authorizations.

I certify that the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in the dismissal. I authorize the Warren Housing Authority to make an investigation of any facts set forth in this application and release the Warren Housing Authority from any liability. The Warren Housing Authority may contact any listed reference on this application.

I acknowledge and understand the Warren Housing Authority is an "at will" company. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the Warren Housing Authority may terminate the employment with any employee at any time, with or without cause, with or without notice to the other party.

I understand that the Warren Housing Authority is dedicated to protecting and safeguarding all confidential information including but not limited to, information relative to employment, service contacts, financials, and client data. I understand that any breach of this confidentiality will be considered a breach of my employment and misuse of the information may result in civil or criminal penalties.

Signature of Applicant

Date

The Warren Housing Authority is an equal opportunity provider and employer.