

APPLICATION FOR EMPLOYMENT

Outagamie County Housing Authority

3020 E. Winslow Avenue
Appleton, WI 54911-8994
920-731-9781, FAX 920-731-3071
An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact the Housing Authority.

PLEASE PRINT

Position applying for _____ Date of application _____

Referral Source Newspaper Employee Employment Agency Website

Other _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number (____) _____ Social Security Number _____

If necessary, best time to call you at home is _____ May we contact you at work? Yes No

If yes, work number and best time to call (____) _____

Have you filed an application with the Housing Authority in the past? Yes No

If yes, please provide the approximate date you filed the application: _____

Are you legally eligible for employment in this country? Yes No (Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work: _____

Type of employment desired: Full-time Part-time Seasonal

Are you on lay-off and subject to recall? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you been convicted of a felony in the seven (7) years? Yes No (Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Driver's license number (if job related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
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Reason for Leaving		Hourly Rate/Salary Final		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment) _____

Skills and Qualifications: Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for position which you are applying _____

Educational Background (if job related)

A. List the last three (3) schools attended, starting with the most recent. B. List number of years completed C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree or Diploma	D. GPA or Class Rank	E. Major	F. Minor

References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

By my signature below, it is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the Outagamie County Housing Authority’s service if I have been employed.

I give the Outagamie County Housing Authority the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the Outagamie County Housing Authority and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Outagamie County Housing Authority is an Equal Opportunity Employer. The Outagamie County Housing Authority does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, the Outagamie County Housing Authority reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Outagamie County Housing Authority has the authority to make any assurances to the contrary.

I understand it is this organization’s policy not to refuse to hire a qualified individual because of this person’s need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____