

# APPLICATION FOR EMPLOYMENT

## NORTHWEST OREGON HOUSING AUTHORITY

147 South Main Avenue, PO Box 1149  
Warrenton OR 97146

Phone: 503-861-0119

FAX 503-861-0220

TDD 1-800-9275

Toll Free 1-888-887-4990

POSITION APPLIED FOR:

CLOSING DATE:

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City/State Zip Code

Home Telephone ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Other Phone (Work, Cell, Message, Pager - *Circle One*) ( ) \_\_\_\_\_

Valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_ Date you can start \_\_\_\_\_

### EDUCATION AND FORMAL TRAINING

NAME AND LOCATION	COURSE OF STUDY	GRADUATED	TYPE OF DEGREE

### SKILLS:

Languages other than English: \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_

Machines operated: \_\_\_\_\_

Software used \_\_\_\_\_

Type: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ wpm

List any job related skills you have which may not be apparent from your work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that preclude your ability to perform the duties of the position for which you have applied? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what can be done to accommodate your limitation: \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:**

List previous employers, starting with last one first. Include unpaid and volunteer work. A resume or additional sheet may be attached, **but this section must be completed. Do not omit any information.**

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to (mo/Yr) \_\_\_\_\_  
Your monthly salary (ending) \$ \_\_\_\_\_ Your position \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to (mo/Yr) \_\_\_\_\_  
Your monthly salary (ending) \$ \_\_\_\_\_ Your position \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Your monthly salary (ending) \$ \_\_\_\_\_ Your position \_\_\_\_\_  
Duties \_\_\_\_\_  
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Supervisor's name \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to (mo/Yr) \_\_\_\_\_  
Your monthly salary (ending) \$ \_\_\_\_\_ Your position \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to (mo/Yr) \_\_\_\_\_  
Your monthly salary (ending) \$ \_\_\_\_\_ Your position \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**REFERENCES:**

List 3 non-relatives who are familiar with your qualifications and actual work history and abilities.

NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	PHONE #

**Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding the following, please contact us before signing.**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application will be grounds for refusal to hire or for immediate discharge if I am employed.

I authorize, without reservations, investigation of all statements contained herein and the references listed to give you any and all information regarding my employment, work record, skills, abilities, character and qualifications, and agree to hold NORTHWEST OREGON HOUSING AUTHORITY, AND ITS EMPLOYEES AND AGENTS, harmless, and release it or them from any and all liability for furnishing such information.

I will be responsible for familiarizing myself with all rules and regulations of NORTHWEST OREGON HOUSING AUTHORITY as they presently exist or are later modified.

I also understand that no representative of NORTHWEST OREGON HOUSING AUTHORITY has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Director of NORTHWEST OREGON HOUSING AUTHORITY.

**I have read, understand and agree with the above.**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature (must be in ink)