



ABSENTEE SHAWNEE HOUSING AUTHORITY APPLICATION FOR EMPLOYMENT

PRINT IN BLACK OR BLUE INK OR TYPE. Fill out application form completely. If questions are not applicable, enter "NA.". **Do not leave questions blank.** Be sure to sign when completed. You may make copies of this application and enter different position titles, but **each copy must be signed.** Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice.

PERSONAL INFORMATION:

Name: _____ Social Security No. _____-_____-_____
(Last, First, M.)

Maiden: _____ List other names used: _____
(Last, First, M.)

Address: _____ How Long: _____
(Street, Apt. no., City, State, Zip)

Telephone: (_____) _____ Cell No: (_____) _____
(Home Phone)

Telephone: (_____) _____ E-Mail Address: _____
(Work Phone, Optional)

POSITION INFORMATION:

Position applied for: _____ Salary desired: _____

Employment desired: _____ Full-time _____ Part-time

Date available for work? _____ What days are you unable to work? _____

Are you willing to work hours other than 8-4:30? _____ Yes _____ No

Are you willing to travel? _____ Yes _____ No

Are you at least 18 years of age? _____ Yes _____ No

Have you ever been employed by the Absentee Shawnee Housing Authority? _____ Yes _____ No

If yes, list dates: _____

Do you have any relatives working for or serving as a Board Member to this Housing Authority? _____

If yes, please list: _____

Current Driver's License # _____ Expiration Date: ____/____/____
(State) (Number)

Commercial Driver's License (CDL): ____Yes ____No ____N/A Expiration Date: ____/____/____

Have you had any motor vehicle accidents during the past three years? ____Yes ____No

How many? _____ Explain: _____

Have you had any moving violations during the past three years? ____Yes ____No

How many? _____ Explain: _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? ____Yes ____No

If your answer is "Yes," explain in concise details, giving the dates and nature of the offense, the name and location of the court, and the disposition of the cases(s), and type(s) of rehabilitation. A conviction may not disqualify you, but a false statement will.

COMPUTER/OFFICE SKILLS:

Approximately how many words per minute do you type? _____; ____N/A

Are you proficient with a 10-Key? ____Yes ____No ____N/A

Are you proficient with a Personal Computer? ____Yes ____No ____N/A

Do you speak a language other than English? ____Yes ____No

If yes, what language(s) do you speak? _____

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing, or graphics equipment, computer equipment, types of software and hardware.

Please provide copies of any certificates or license related to the position for which you are applying.

MILITARY SERVICE: (A copy of a report of separation from the Armed Service may be required)

Are you a veteran? ____Yes ____No If yes, list type of discharge status _____

Date of Service (From/To): _____

Are you now a member of the National Guard? ____Yes ____No

Specialty: _____

Date Entered: _____

EDUCATION

(NOTE: Applicants may be required to provide proof of diploma, transcript, licenses, certificates, and registrations).

Indicate Highest Grade Completed (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from (please circle): High School GED

Type of School	Name of School	City/State	No. Years Completed/ Year Graduated	Major/Degree
High School				
College				
Business or Trade School				
Professional School				

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include five years of employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. Contact information for each employer must be provided; i.e. phone number(s), email, mailing address.
4. Give brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Position Title: Employer: Mailing Address: City & State/Zip: Employer's Telephone No.: ()	Immediate Supervisor Name:	Starting Date:
	Title:	Leaving Date:
If supervisory, number of employees you supervised:	Hours worked:	Pay or Salary: \$
Summary of Experience:		
<p>Specific reason for leaving:</p>		

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. **Use the space below to provide any additional information** to describe your full qualifications for the specific position for which you are applying:

Please list two references that are **NOT** relatives:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: () _____

Telephone: () _____

Please read the following statements carefully

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the ABSENTEE SHAWNEE HOUSING AUTHORITY (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the ABSENTEE SHAWNEE HOUSING AUTHORITY, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and the ABSENTEE SHAWNEE HOUSING AUTHORITY may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that the Company (1) has a drug and alcohol policy that may require drug testing; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigation consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

INDIAN PREFERENCE

!!!! IMPORTANT !!!!

In order to be eligible for Indian Preference, a copy of your CDIB card must be included with your application

This Company is an equal employment opportunity employer; however preference is given to qualified Native American applicants as allowed by regulations. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Company depends solely on your qualifications.