



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please let us know if you need accommodation to participate in the application process

PERSONAL INFORMATION (Please Print)

Last Name	First Name	Middle Name	Social Security Number
Present Address (Street, City, State and Zip Code)			Phone Number
Permanent Address (Street, City, State and Zip Code)			Phone Number
Have you ever applied to this company before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	
Have you ever worked for this company before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	Supervisor
Have you any relatives employed here?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Relative	Position
Have you worked under a different name?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Name	Previous Name

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

EMPLOYMENT DESIRED

Position/Job	Date Available
Do you wish to work	Indicate days you are available to work
Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/>	Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>

EDUCATIONAL BACKGROUND

	HIGH SCHOOL	COLLEGE	TRADE OR SPECIAL SCHOOLS
Name and Location of School			
Dates Attended			
Did you graduate?			
Major Area of Study			
Degree & Date Obtained			

U.S. MILITARY SERVICE

Service Branch	Dates of Duty	Rank at Separation	Type of Discharge	Briefly describe your duties

JOB PERFORMANCE ABILITY

Are you able to perform on a regular basis all the essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No

Please describe any accommodations required: _____

WORK HISTORY

LIST MOST RECENT EMPLOYER FIRST

Include at least past five (5) years and explain any periods of unemployment of more than 30 days. Attach additional sheet(s) if necessary

Employer	Date Hired (mo/yr)	Position held & Description of Duties	
Street Address	Date Separated (mo/yr)		
City & State	Salary/Hourly Rate Starting		
Reason For Leaving	Salary Hourly Rate Ending	Name & Title of Immediate Supervisor	Phone Number
Employer	Date Hired (mo/yr)	Position held & Description of Duties	
Street Address	Date Separated (mo/yr)		
City & State	Salary/Hourly Rate Starting		
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Reason For Leaving	Salary Hourly Rate Ending	Name & Title of Immediate Supervisor	Phone Number

OCCUPATIONAL SKILL/EXPERIENCE i.e. office equipment, maintenance equipment, etc.

List additional experience, skills or training applicable to the position you are applying for

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year

NAME	ADDRESS	CITY/STATE/ZIP	PHONE NUMBER

READ CAREFULLY BEFORE SIGNING

- (1) I certify that the information I have provided in this application is true and correct. I understand that misrepresentations or omissions may be cause for rejection, or if employed, may be cause for dismissal.
- (2) I authorize my former employer(s), school(s) and references and any other individual or organization to provide any information solicited by the company. I hereby release those persons or entities from all liability for providing such information.
- (3) I understand that, if employed, my employment and compensation can be terminated by me or the company with or without notice, at any time.
- (4) Prior to employment I must provide information showing eligibility for employment in the United States.
- (5) If employed, I agree that if I lose, damage, or fail to return any company property, the company is authorized to deduct from my wages sufficient funds to replace its property.
- (6) I understand that as a condition of my consideration for employment with the Housing Authority of the City of Yakima (YHA), or as a Condition of my continued employment with YHA, YHA may obtain a consumer report that includes, but is not limited to, my credit worthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, department of motor vehicle records, and any other public records and any other information baring on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to YHA's procurement of such a report. I understand that pursuant to the federal Fair Credit Reporting Act (FCRA), YHA will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with YHA. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

APPLICANT'S SIGNATURE

DATE



EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S CHARACTERISTICS

In accordance with our Personnel Policy, the Yakima Housing Authority is an Equal Opportunity Employer. In order to maintain a record of the sex, ethnic background and handicapped status of all applicants, this information is requested.

This information is voluntary and will not be made a part of your application.

The information provided is for reporting purposes only and will not be used in evaluating your application.

Name _____ Date _____

Address _____ Phone _____

Position Applied For _____

Sex: M F Date of Birth _____

Handicap Information: Physical Mental Sensory

Citizen Status: U.S. Non-Citizen Permanent VISA

Veteran Information: Veteran Vietnam Era Disabled ___%

Ethnic Background:

American Indian/Alaskan Native White African American

Hispanic; Mexican, Puerto Rican, Cuban, Central/South American

Asian or Pacific Islander Other

Cultural Origin Regardless of Race _____