



PENINSULA HOUSING AUTHORITY
Serving Clallam and Jefferson Counties
 2603 S. Francis St., Port Angeles, WA 98362
 E-mail:mangevine@peninsulapha.org

APPLICATION FOR EMPLOYMENT
(Please print in black or blue ink)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, nation origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

 Social Security Number

 Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied for: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by the Peninsula Housing Authority (PHA)?

3. How were you referred to PHA? _____

4. Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain

II. Educational History

	Name/Location	Course of Study	Year Degree/Diploma Completed or Years Completed
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
Tech. Training	_____	_____	_____
Other	_____	_____	_____

III. Employment Record *Use a separate sheet to list additional employers, if necessary.*

- | | |
|--|---|
| _____ | _____ |
| Company Name (Current/Most Recent Employer) | Position Held |
| _____ | Dates Employed: _____ |
| Address | From _____ To _____ |
| _____ | _____ |
| Manager/Supervisor | Telephone _____ Wage/Salary _____ |
| _____ | _____ |
| Reason for leaving | _____ |
- | | |
|---------------------------|---|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From _____ To _____ |
| _____ | _____ |
| Manager/Supervisor | Telephone _____ Wage/Salary _____ |
| _____ | _____ |
| Reason for leaving | _____ |

3. _____
Company Name _____
Position Held

_____ _____
Dates Employed: _____
From **To**

_____ _____
Manager/Supervisor **Telephone** **Wage/Salary**

Reason for leaving

NOTE: *We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion.*

_____ _____
(Employer's Name) **Reason**

_____ _____
(Employer's Name) **Reason**

IV. References *Please do not include relatives or former employers.*

1. _____ _____
Name **Years known** **Telephone**

_____ _____
Address **Company/Occupation**

2. _____ _____
Name **Years Known** **Telephone**

_____ _____
Address **Company/Occupation**

3. _____ _____
Name **Years known** **Telephone**

_____ _____
Address **Company/Occupation**

V. Work Availability

1. If your application receives favorable consideration, when will you be able to begin work? _____
2. Do you have any objection to working overtime? ()Yes ()No
3. Can you work overtime without prior notice? ()Yes ()No
4. Can you work on Saturday? ()Yes ()No
5. Can you work on Sunday? ()Yes ()No
6. Can you travel if required by this position? ()Yes ()No

VI. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

AGREEMENT, CERTIFICATION & AUTHORIZATION

Employees hired on or after June 1, 2011 must not use tobacco products on or off the job, including but not limited to smoking cigarettes and/or chewing tobacco. Nicotine testing may be required.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from any consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Peninsula Housing Authority representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment physical examination if required.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

Date

AFFIRMATIVE ACTION INFORMATION

THIS FORM IS A REQUIRED PART OF YOUR APPLICATION

Information as to race, sex, etc. is voluntary, however, it is required that you fill in your name, address and telephone number.

The Peninsula Housing Authority (PHA) is an Equal Opportunity Employer. This information will be used for EEO/Affirmative Action purposes only. A copy of this form and the Housing Authority's Personnel Policy are on file in the Housing Authority Office: 2603 South Francis Street, Port Angeles, WA 98362.

POSITION APPLIED FOR _____

NAME _____

ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____ **PHONE** _____

SEX: MALE FEMALE

REASONABLE ACCOMODATION: If requested, the Housing Authority will provide reasonable accommodation to disabled applicants. Please notify our office.

RACE: (Check one category)

- WHITE – persons of European descent
- BLACK – persons of African descent as well as Jamaican, Trinidadian and West Indian
- HISPANIC – persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent
- ASIAN AMERICAN – persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani or East Indian descent
- NATIVE AMERICAN – persons who identify themselves as American Indian, Aleuts, Eskimos or who are known as such by virtue of tribal association and have proper identification

HOW DID YOU HEAR ABOUT THIS JOB?

- Phone Contact – walk-in
- Informed or referred by a Housing Authority employee
- Advertisement (newspaper)
- Other _____