



PENINSULA HOUSING AUTHORITY
Serving Clallam and Jefferson Counties
727 E 8th St., Port Angeles, WA 98362
E-mail: acrawford@peninsulapha.org

APPLICATION FOR EMPLOYMENT

Instructions for completion of application

- Please type or print all of information
- *Complete the application thoroughly.* "See Resume" will not be accepted and be considered incomplete. Resumes may be used to supplement an application, but will not be accepted in lieu of completing the application form.
- A separate application must be completed for each position for which you are applying.
- Please make sure to sign your name where required. Applications not signed will be considered incomplete.
- You may submit copies of documents and certificates which support your application. All materials submitted become property of the Peninsula Housing Authority and will not be returned.

JOB TITLE APPLYING FOR:		DATE:
LAST NAME:	FIRST NAME:	MIDDLE INITIAL/NAME:
ADDRESS:		
STREET		CITY
STATE		ZIP CODE
HOME PHONE:	MESSAGE/CELL PHONE:	
E-MAIL ADDRESS:	ARE YOU UNDER THE AGE OF 18?	
	YES NO	
LIST PRIOR NAMES KNOWN BY:		

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THE PENINSULA HOUSING AUTHORITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB TITLES	DATES
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE PENINSULA HOUSING AUTHORITY	
NAME:	
JOB TITLE/DEPT:	
HAVE YOU EVER BEEN DEMOTED; DISCHARGED; FIRED; AND/OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN.	

SKILLS & LICENSES

LIST YOUR SKILLS, CURRENTLY VALID LICENSES, AND CERTIFICATES OR REGISTRATIONS RELATIVE TO THIS POSITION:

EDUCATION

NAME OF SCHOOL (High School, College, Tech School & Vocational Schools)	CITY AND STATE	ATTENDANCE DATES	DEGREE EARNED	DATE

If hired, you may be required to show proof of education or degree(s).

REFERENCES

NAME	OCCUPATION & ADDRESS	PHONE NUMBER	EMAIL ADDRESS	RELATIONSHIP TO APPLICANT

AFTER REVIEWING THE ESSENTIAL FUNCTIONS LISTED IN THE JOB ANNOUNCEMENT, ARE YOU ABLE TO PERFORM THEM WITH OR WITHOUT REASONABLE ACCOMMODATION? ☐ YES ☐ NO

ARE YOU ABLE TO WORK: ☐ FULL-TIME ☐ PART TIME ☐ ON CALL ☐ TEMPORARY

WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$ _____ PER _____

DATE AVAILABLE FOR WORK: _____

WORK HISTORY

RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. **BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT**, PROVIDE AN OUTLINE OF YOUR EMPLOYMENT. YOU MAY USE ADDITIONAL PAPER IF NEEDED.

DATE OF EMPLOYMENT (MONTH/YEAR) _____ FROM: _____ TO: _____	TITLE OF POSITION
_____	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	AREA CODE AND PHONE NO.:
REASON FOR LEAVING:	
PRIMARY DUTIES:	

DATE OF EMPLOYMENT (MONTH/YEAR) _____ FROM: _____ TO: _____	TITLE OF POSITION
_____	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	AREA CODE AND PHONE NO.:
REASON FOR LEAVING:	
PRIMARY DUTIES:	

DATE OF EMPLOYMENT (MONTH/YEAR) _____ FROM: _____ TO: _____	TITLE OF POSITION
_____	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	AREA CODE AND PHONE NO.:
REASON FOR LEAVING:	
PRIMARY DUTIES:	

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 AN INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM CONSIDERATION OR I MAY BE DISCHARGED FROM MY EMPLOYMENT.

I UNDERSTAND THAT I MAY BE TESTED FOR THE PRESENCE OF DRUGS AS A PART OF MY PRE-EMPLOYMENT SCREENING IF I RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT. I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, PENINSULA HOUSING AUTHORITY WILL COMPLETE A THOROUGH BACKGROUND CHECK IN ACCORDANCE WITH THE FEDERAL FAIR CREDIT REPORTING ACT.

SIGNATURE: _____ 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: 727 E 8th 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 _____