

HOUSING AUTHORITY OF THE COUNTY OF CLALLAM
2603 S. Francis St., Port Angeles, WA 98362
E-mail: info@hacc-housing.org

APPLICATION FOR EMPLOYMENT
(Please print)

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 Housing Authority of the County of Clallam (HACC)?

3. How were you referred to HACC? _____

4. Have you ever been convicted of a felony? ___Yes ___No. If yes, please explain

II. Educational History

| | School name/Location | Years Completed | Degree/Diploma |
|----------------|----------------------|-----------------|----------------|
| Elem/Jr. High | _____ | _____ | _____ |
| High School | _____ | _____ | _____ |
| College | _____ | _____ | _____ |
| Tech. Training | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

III. Employment Record *Please include all employment for the last five years.*

1. _____
Company Name (Current/Most Recent Employer) Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager/Supervisor Telephone Wage/Salary

Reason for leaving

2. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager/Supervisor Telephone Wage/Salary

Reason for leaving

3. _____
Company Name _____ **Position Held** _____

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

_____ **Telephone** _____ **Wage/Salary** _____

_____ **Manager/Supervisor** _____

_____ **Reason for leaving** _____

NOTE: Use a separate sheet to list additional employers, if necessary. 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** _____ **Occupation** _____

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

_____ **Address** _____ **Occupation** _____

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

_____ **Address** _____ **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

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 Clallam County 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