

EMPLOYMENT APPLICATION

West Valley Housing Authority

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Position Applied For: _____ Closing Date: _____
(Job Title)

NAME: _____ SOCIAL SECURITY #: _____
(Last) (First) (M.I.)

ADDRESS: _____
(Number) (Street) (Apartment #)

(City) (State) (Zip Code)

TELEPHONE: _____ MESSAGE TELEPHONE: _____

West Valley Housing Authority is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

GENERAL INFORMATION

1. If employed and under 18, can you furnish a work permit? Yes No
 2. Have you ever been employed by West Valley Housing Authority? Yes No
 3. Do you have any relatives employed by or on the Board of West Valley Housing Authority Yes No
 If answer is YES, give name: _____
 4. Are you now employed? Yes No If the answer is YES, give employer name: _____
 5. **Are you prevented from lawful employment in this country because of Visa or Immigration status?** Yes No
 6. Do you have a valid Oregon driver's license? Yes No If YES, your driver's license number: _____
 7. Can you perform the essential functions of the job for which you are now applying Yes No
 8. Have you been convicted of a felony? Yes No
(Please note that a Yes answer will not bar you from consideration for employment.)
 If YES, please explain: _____
-
9. Are you available to work: Full-Time Part-Time Over-Time
 10. Date available for employment: _____ How did you hear about this position? _____

EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE
SCHOOL NAME				
CIRCLE YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Languages other than English Read _____ Speak: _____ Write _____

Type: Yes No _____ Wpm

Machines Operated: _____

Summarize special skills and qualifications, volunteer activities, military experiences, employment or other activities related to the job you are seeking:

REFERENCES:

List 3 non-relatives who are familiar with your qualifications, your actual work history, and your abilities.

	NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	TELEPHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. List your last four jobs in order. Do not omit any job.

Employer _____ Telephone _____ Supervisor's Name _____

Address _____ Your job position _____

Employed from (month/year) _____ to (month/year) _____ FT____ PT____

Your hourly salary (Starting) \$ _____ (ending) \$ _____

Duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for Leaving: _____

EMPLOYMENT EXPERIENCE continued from page 2

Employer _____ Telephone _____ Supervisor's Name _____

Address _____ Your job position _____

Employed from (month/year) _____ to (month/year) _____ FT_____ PT_____

Your hourly salary (Starting) \$ _____ (ending) \$ _____

Duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for Leaving: _____

Employer _____ Telephone _____ Supervisor's Name _____

Address _____ Your job position _____

Employed from (month/year) _____ to (month/year) _____ FT_____ PT_____

Your hourly salary (Starting) \$ _____ (ending) \$ _____

Duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for Leaving: _____

Employer _____ Telephone _____ Supervisor's Name _____

Address _____ Your job position _____

Employed from (month/year) _____ to (month/year) _____ FT_____ PT_____

Your hourly salary (Starting) \$ _____ (ending) \$ _____

Duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for Leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications. I hereby authorize West Valley Housing Authority to undertake any and all official criminal background checks including DMV checks and to rely upon the information so obtained.

Yes **No**

I will be responsible for familiarizing myself with all rules and regulations of West Valley Housing Authority as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of West Valley Housing Authority or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

Yes **No**

I also understand that no representative of the West Valley Housing Authority has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Executive Director of the West Valley Housing Authority.

Yes **No**

I have read, understand and agree with the above.

Date

Signature of Applicant

This application is good for only the position applied for.

EQUAL EMPLOYMENT OPPORTUNITIES INFORMATION REQUEST

A memorandum origination in the office of the Secretary, U.S. Department of Health, Education and Welfare, states that Affirmative Action employers "are required to collect and maintain data on the race, sex, and ethnic identity of all applicants for employment." We must therefore ask you to complete the following questionnaire. Please note, however, that compliance with this request is voluntary, and if not completed it will not effect consideration of your employment application. This questionnaire is confidential, for reporting purposes only, and is not intended to identify individuals.

1. Ethnic Groups

- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, of Pacific Island. This area includes for example: China Japan, Korea, the Philippine Islands, and Samoa.
- Black/not Hispanic Origin:** All persons having origins in any of the black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Non-Minority or White/not of Hispanic Origin:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

2. Sex: Female Male

3. Citizen Status: U.S. Citizen Non-Citizen

4. Handicapped: Yes No

5. Veteran: Yes No Disabled Vietnam Era

The Vietnam Era Readjustment Act of 1974 requires employers to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. The rehabilitation Act of 1973 contains Section 504, is designed to ensure equal opportunities in employment for qualified handicapped persons

Section 3 of the 1968 Housing and Urban Development Act

The Housing Authority encourages residents of public housing programs to apply for employment. The Department of Housing and Urban Development (HUD) defines Section 3 residents as follows: a) a public housing resident; or b) a person residing in the area whose family income does not exceed 80% of the median income. Income limits as defined by HUD January 2002 are shown below:

<u>Family Size</u>	<u>Income Limit</u>	<u>Family Size</u>	<u>Income Limit</u>
1 person	\$31,800	6 persons	\$52,700
2 persons	\$36,350	7 persons	\$56,350
3 persons	\$40,900	8 persons	\$60,000
4 persons	\$45,450	9 persons	\$63,650
5 persons	\$49,100	10 persons	\$67,250

This information is requested in order to provide employment opportunities to low income people according to HUD regulations. Please certify:

I am _____ am not _____ a resident of public housing.
 I do _____ do not _____ qualify as a Section 3 resident

Please return this form as part of the application packet for this position.

 Signature Date

September 12, 2007