

Application for Employment



KENNEWICK HOUSING AUTHORITY
1915 WEST 4th PLACE
KENNEWICK, WA 99336
509-586-8576

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is..... : _____
AM PM

May we contact you at work? Yes No

If **yes**, work number and best time to call:
() _____ : _____
AM PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain _____

Have you submitted an application here before?..... Yes No

If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If **yes**, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?..... N/A Yes No

Will you work overtime if required? Yes No

If **no**, please explain _____

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

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Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
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What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If **yes**, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ Internet _____ Years: _____

Spreadsheet _____ Years: _____ Other _____ Years: _____

Presentation _____ Years: _____ Other _____ Years: _____

E-mail _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



Driving Record Request

You may use this form to request **your driving record**. We will mail, email, or fax your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

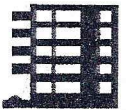
Driver Records
Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

Requestor name (<i>Last, First, Middle Initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to Karlene Navarre, Executive Director - Kennewick Housing Authority		
How would you like your driving record sent to you? (Check one only) <input checked="" type="checkbox"/> U.S. mail <input type="checkbox"/> email <input type="checkbox"/> Fax		
Delivery information (Mailing address, email, or [Area code] Fax number) 1915 W. 4th Place, Kennewick, WA 99336		
Type(s) of record Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic-related convictions, violations, collisions, suspensions, revocations, and disqualifications. We offer the following types of driving records. Check the box beside the type(s) you need.		
<input type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies.		
<input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies.		
<input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies.		
<input checked="" type="checkbox"/> Employment record —Used by employers to determine employment eligibility.		
<input type="checkbox"/> Volunteer/ Transit record —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.		
<input type="checkbox"/> School bus driver record —Used to determine if a person should be employed to operate a school bus. This request is to be billed and mailed to school district _____ School district authorization _____ Requestor code _____		
<input type="checkbox"/> Complete record —A complete driving record requested by the person named on the driving record.		
<i>I declare under penalty of perjury under the laws of the state of Washington that I am the individual named above.</i>		
_____	X Signature (valid for four months)	
Date and place		



CERTIFICATION AND RELEASE FOR EMPLOYMENT, TEMPORARY EMPLOYMENT AND/OR VOLUNTEER SERVICES

I certify that the information given on my application and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment, temporary employment and/or volunteer service. I authorize the Housing Authority City of Kennewick to verify any of this information including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and/or volunteer service. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment, when asked by the Kennewick Housing Authority.

Signature

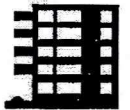
Date

Social Security Number

Date of Birth



Housing Authority City of Kennewick



PRE-EMPLOYMENT DRUG TEST CONSENT FORM

Please review, sign and return with completed application.
Failure to do so will prohibit any further pre-employment actions by the
Housing Authority City of Kennewick.

As part of the pre-employment process for the Kennewick Housing Authority, I voluntarily agree to submit to drug tests to determine the presence or use of illegal drugs. I further give my consent for the release of the test results to authorized management for appropriate review.

Drug testing shall be conducted in accordance with standards set by Lourdes Business Health, the testing facility.

Specimen tampering, falsification of information on the chain of custody form, or refusal to submit a specimen shall be grounds for disqualification from employment.

I understand that a positive test results will disqualify me for employment. I also understand that refusal to sign this form, refusal to submit to a drug test, tampering or alteration of the test will cause me to be rejected from the employment process a the Kennewick Housing Authority. I understand that I have a right to receive a copy of this authorization upon request. Any offer of employment will be contingent on successful negative drug test results.

I Consent to Drug Test

I Refuse to Consent to Drug Test

Applicant's Name (Please Print Clearly)

Applicant's Social Security Number

Applicant's Signature

Date

Applicant's Signature

Date

APPLICANT CHARACTERISTICS

This information is voluntary and will not be made a part of your application. We request this information to evaluate the effectiveness of our outreach program. The information provided helps us maintain a record of the sex, ethnic background and disability status of all applicants.

This information will not be used to evaluate your application.

NAME: _____ DATE: _____
Last First Middle

ADDRESS: _____ PHONE: _____
Street City, State, Zip

POSITION APPLIED FOR: _____

SEX: _____ DATE OF BIRTH: _____

DISABLED: Yes No

ETHNIC BACKGROUND: American Indian or Alaskan Native African American
 Asian or Pacific Islander Caucasian Hispanic (Mexican, Puerto Rican, Cuban, Central
or South American Cultural Origin regardless of race)

CITIZEN STATUS: U.S. Citizen Non-Citizen Permanent VISA

VETERAN INFORMATION: Veteran Vietnam Era Disabled

The Housing Authority does not discriminate against individuals because of their Race, Creed, Color, National Origin, Disability, Political Ideology, Ancestry, Age, Sex, Marital Status or Religion.