

# Application for Employment

## An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
Telephone:	Street (    )	City (    )	State (    )	Zip
	Home	Cell	Message	
Email Address:				
Position Applying For:				
Job Title:				
Are you applying for:			May We Contact Present Employer?	
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____	

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From / To:</u>	<u>Diploma, Degree</u> <u>&amp; Major</u>	Graduated?
High School					
College					
Other (Business, Vocational, Military)					

**Employment History** (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_                      Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Employer:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_                      Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Employer:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_                      Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Technology Skills (List All Skills & Software Applications You Have Experience Using, if applicable):**

Word Processing:  
 Spreadsheet:  
 Other Software:  
 Database:  
 Microsoft Office? Yes  No  PowerPoint? Yes  No   
 Scanner? Yes  No  Copier? Yes  No   
 Digital Phone Systems? Yes  No   
 Explain Internet Skills, Including Email Usage:  
 Professional Licenses or Certificates Held:

**Military**

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? Yes  No  (If Yes, fill out Page 5 of Application & attach proper documentation)  
 Have you previously claimed such preference? Yes  No

**Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)**

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Telephone: ( ) ( )  
 Home Other  
 Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Telephone: ( ) ( )  
 Home Other  
 Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Telephone: ( ) ( )  
 Home Other  
 Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes  No

If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nampa Housing Authority is a Smoke-Free work environment. Smoking (including smokeless tobacco) is not permitted on Agency owned and operated premises, except in designated smoking areas only.

It is the goal of Nampa Housing Authority to balance our respect for individuals with the need to provide a safe work environment and healthy, productive, drug-free work force. NHA has a strong commitment to programs that promote safety in the workplace, employee health and well being and Member confidence. The Agency believes that prohibiting the use or influence of alcohol, illegal drugs and controlled substances in the workplace will improve the safety, health and productivity of our employees. **Therefore, Agency has adopted a policy of pre-employment drug testing, reasonable suspicion drug and/or alcohol testing and post accident drug and/or alcohol testing.**

**Pre-Employment Drug Testing** – All job offers, including offers for full-time, part-time and temporary employment, will be contingent on satisfactorily passing a drug test. Individuals with positive drug testing results will not be hired and may not apply or be considered for employment for (6) months after a positive test result.

In accordance with Section 274A of the Immigration Reform and Control Act of 1986, all employees hired after November 6, 1986, will be required to provide Nampa Housing Authority with proof of eligibility to work in the United States (form I-9).

Are you related by blood or marriage to any person now employed by Employer? Yes  No

If yes, give name and relationship to you:

**CERTIFICATION**

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**VETERAN'S PREFERENCE**

**If you are NOT claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next page.**

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

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(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

**Part 1. Preference Eligible Veterans:**

- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

**Part 2. Documentation & Signature:**

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with **Nampa Housing Authority**, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of \_\_\_\_\_, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the \_\_\_\_\_. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

DATED: \_\_\_\_\_

Printed Name, including all names I have previously used or been known by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_