

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME:

FIRST

MIDDLE

LAST

ADDRESS:

STREET

CITY

STATE

ZIP

PHONE:

SOCIAL SECURITY NUMBER:

ARE YOU 18 YEARS OR OLDER:

YES

NO

LEGAL US CITIZEN:

YES

NO

EMPLOYMENT DESIRED

POSITION:

START DATE:

SALARY DESIRED:

ARE YOU CURRENTLY EMPLOYED? YES NO

IF SO MAY WE INQUIRE? YES

NO

EVER APPLIED TO THE HOUSING AUTHORITY BEFORE?

If yes, please explain (include dates)

REFERRED BY:

EDUCATION	Name/Address	Year Attended	Major	Degree
HIGH SCHOOL				
COLLEGE				
POST- COLLEGE				
TRADE/BUSINESS SCHOOL				

SKILLS AND QUALIFICATIONS

OTHER QUALIFICATIONS SUCH AS SPECIAL SKILLS, ABILITIES OR HONORS THAT SHOULD BE CONSIDERED: _____

TYPE OF COMPUTERS, SOFTWARE AND OTHER EQUIPMENT YOU ARE QUALIFIED TO OPERATE OR REPAIR: _____

PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS: _____

STATE FULLY WHY YOU BELIEVE YOU ARE QUALIFIED FOR THIS POSITION: _____

DO YOU POSSESS AN OKLAHOMA DRIVERS LICENSE: YES NO

MILITARY SERVICE: YES

NO

BRANCH: _____

SKILLS & DUTIES

ARE YOU CLAIMING INDIAN PREFERENCE? YES NO TRIBE: _____

IF YES, PLEASE ATTACH YOUR CDIB AND TRIBAL ENROLLMENT CARD _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN _____

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for the past **Four** employers.

If currently employed, may we contact your employer? YES NO

PRESENT OR MOST RECENT EMPLOYER

Full Name of Company	(Area Code)	Telephone		Salary Begin End	Employed From To Mo/Yr Mo/Yr	
_____	_____	_____	_____			
Street Address	City	State	Zip			
_____	_____	_____	_____			
Name & Title of Supervisor	Title of Your Position					
_____	_____					
List jobs held, duties performed, skills used, & promotions while employed at this company:				Reason for Leaving:		

Full Name of Company	(Area Code)	Telephone		Salary Begin End	Employed From To Mo/Yr Mo/Yr	
_____	_____	_____	_____			
Street Address	City	State	Zip			
_____	_____	_____	_____			
Name & Title of Supervisor	Title of Your Position					
_____	_____					
List jobs held, duties performed, skills used, & promotions while employed at this company:				Reason for Leaving:		

Full Name of Company	(Area Code)	Telephone		Salary Begin End	Employed From To Mo/Yr Mo/Yr	
_____	_____	_____	_____			
Street Address	City	State	Zip			
_____	_____	_____	_____			
Name & Title of Supervisor	Title of Your Position					
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List jobs held, duties performed, skills used, & promotions while employed at this company:				Reason for Leaving:		

Full Name of Company	(Area Code)	Telephone		Salary Begin End	Employed From To Mo/Yr Mo/Yr	
_____	_____	_____	_____			
Street Address	City	State	Zip			
_____	_____	_____	_____			
Name & Title of Supervisor	Title of Your Position					
_____	_____					
List jobs held, duties performed, skills used, & promotions while employed at this company:				Reason for Leaving:		

REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED	CONTACT NUMBER

EMERGENCY CONTACT: _____

NAME	RELATION	CONTACT NUMBER
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE

DATE