

**APPLICATION FOR EMPLOYMENT
THE HOUSING AUTHORITY OF THE COUNTY OF KINGS
POST OFFICE BOX 355
HANFORD, CALIFORNIA 93232-0355**

It is the employment policy of the Housing Authority to hire regardless of race, color, ancestry, religious creed, national origin, disability, medical condition, sex, age, marital status or political affiliations.

PERSONAL DATA

Name: (Last)	(First)	(Initial)	Home Phone Number
Address: (Number)			Business Phone Number
(City)	(State)	(Zip)	Social Security Number
In Case of Emergency we should notify: Name			Home Phone Number
Address			Business Phone Number
If you have ever worked under any other name(s), please list.		Have you the legal right to remain permanently and work in the U.S.?	

POSITION DESIRED

Position applied for: _____ (Use only one (1) job title per application)

Would you work Full-Time ____ Part-Time ____ Specify days and hours if Part-Time: _____

List other positions for which you feel you are qualified _____

SKILLS

LANGUAGES (Other than English) Read _____ Speak _____ Write _____

Machines Operated: _____ Type: Yes ____ No ____ _____ WPM

Dictaphone: Yes ____ No ____ Statistical Typing: Yes ____ No ____ Take Short Hand: Yes ____ No ____ _____ WPM

PHYSICAL DATA

If you are selected to interview for this position and if you have needs that must be accommodated to enable you to participate in the interviews, please contact the Housing Authority and reasonable accommodations will be made. Please call (209) 582-2806 OR (209) 582-3253 TDD to advise the Housing Authority.

NOTE: All new employees must undergo a physical examination upon accepting a job offer.

LICENSURE (PROFESSIONAL OR TECHNICAL)

Type _____ Req. No. _____ State _____ License Expires _____

Type _____ Req. No. _____ State _____ License Expires _____

Do you possess a valid California Driver's License? Yes ____ No ____ Enter Driver's License Number _____

MILITARY SERVICE

Were you in U.S. Armed Forces? Yes ____ No ____ If yes, what branch? _____

Rank at Discharge _____ List dates of military service: _____

EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	Check Last Year Completed	Did you Graduate?	Diploma or Degree
High School	_____		1 2 3 4	Yes _____ No _____	
College or Other Schooling	_____		1 2 3 4	Yes _____ No _____	

EMPLOYMENT HISTORY (beginning with most recent position, account for all employment during the past 15 years)

DATES (Mo. & Yr.)	WAGES OR SALARY Begin./End.	EMPLOYER'S NAME AND ADDRESS	YOUR POSITION TITLE AND DUTIES	REASON FOR LEAVING OR UNEMPLOYMENT
From: To:		Phone: Supervisor: Kind of Business:		
From: To:		Phone: Supervisor: Kind of Business:		
From: To:		Phone: Supervisor: Kind of Business:		
From: To:		Phone: Supervisor: Kind of Business:		
From: To:		Phone: Supervisor: Kind of Business:		

Have you ever been convicted of a felony? (The existence of a criminal record does not constitute an automatic bar to employment.)

Yes _____ No _____ If yes, please give details: _____

I agree, if employed, to serve to the best of my ability and to abide by the policies established by the Housing Authority. I have answered all of the foregoing questions to the best of my knowledge and belief. I am aware that any falsification of the above can be grounds for immediate dismissal.

I authorize the companies, schools, or persons named above to give any information regarding my employment. I hereby release said companies, schools, persons from all liability for any damage for issuing this information.

I agree, if employed, to furnish a work permit or other proof of meeting legal age requirements.

SIGNATURE

DATE

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Housing Authority will be based only on your merit and on no other consideration.

EEO/AA EMPLOYER