

APPLICANT

The Douglas County Housing Authority promotes and maintains equal employment opportunity in accordance with all federal and state laws. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

All Douglas County Housing Authority properties are smoke free.



Name:			Dat	te:
Last	First		M. I.	
Address: No. Street	City		State	Zip Code
Home Phone: () Area Code	•	ernate Phone:		2.p eest
Fax No.: () Area Code	E-mail:			
Social Security No.	Refer	red by:		
Position Applied for:		Voluntee	r Full-tim	e Part-time
If part-time, specify days and hours:				
Are you at least 18 years of age?	Yes	No	_	
Minimum Salary Required, if applying PERSONAL DATA Please list all names under which you h	ave been employed (i	.e. maiden, mar	ried, alias, etc.) i	nble:ncluding current name
Have you used tobacco products in the Have you ever applied for a position Authority?				No
If yes, month and year:	Position:			
Have you ever held a position with us be	efore? Yes	No If ye	es, give date:	
Do you have a relative who is a volunt Authority?	eer or an employee at	The Douglas C	ounty Housing	Yes No
If yes, who?	Rela	tionship:		
Have you ever been convicted of a fer property, theft or misappropriation of (Answering "Yes" does not automatical of the offense, and type of job for which	elony, any offense in f funds? Yes lly disqualify you fror	No no employment so the considered.	ince the nature of	f the offense, the date

EDUCATION

ZD 0 0.1110.				
Please list ALL education starting with highest year completed. List name of school, university or institution and location.	Did you Graduate?	GPA?	Degree, Credit Hours, Certificate Received	List College Major or Primary Course of Study
EMPLOYMENT HISTORY			————A. PRI	ESENT OR LAST EMPLOYER
Employer:				
Street Address:				
Cita Ctata 9 7				
Phone Number: ()			Supervisor:	
Date of Employment, from:			o.	Full-time Part-time
Salary: Starting:	Final·	"	May w	e contact this employer?
Joh Title:				
Duties, Job Performed:				
Duties, 300 i citorinea.				
				_
Reason for Leaving:				
				B. PREVIOUS EMPLOYER
Employer:				
Street Address.				
G': G: 0 7'				
Phone Number: ()			Supervisor:	
			o.	Full_time Part_time
Date of Employment, from: Salary: Starting:	Final		May w	e contact this employer?
Job Title:	_ I'lliai.			e contact uns employer:
-				
Duties, Job Performed:				
Reason for Leaving:				
				- C. PREVIOUS EMPLOYER
Employer:				C. TRE VIOUS ENII EOTEK
G 1 1				
City, State & Zip:				
Phone Number: ()			Supervisor:	
Date of Employment, from:		to):	Full-time Part-time
Salary: Starting:	Final:		May w	
Job Title:				
Duties, Job Performed:				
Bulles, too I circimica.				

Reason for Leaving:

	D. PREVIOUS EMPLOYER
Employer:	
Street Address:	
City, State & Zip:	
Phone Number: ()	Supervisor:
Date of Employment, from:	to: Full-time Part-time
Salary: Starting: Final:	May we contact this employer?
Job Title:	
Duties, Job Performed:	
Reason for Leaving:	
BUSINESS REFERENCES	
A. Name:	Occupation:
City, State & Zip:	
Home Phone: ()	Business Phone: ()
D. M.	0
C4 4 A 1.1	Occupation:
· · · · · · · · · · · · · · · · · · ·	
City, State & Zip:	Dusiness Dhones ()
Home Phone: ()	Business Phone: ()
C. Name:	Occupation:
Street Address:	
City, State & Zip:	
Home Phone: ()	Business Phone: ()
D. W	
D. Name:	
C'1 C1 1 0 7'	
City, State & Zip: Home Phone: ()	
Home Phone: ()	Business Phone: ()
DRIVING RECORD	
	ty employs any candidate for a position involving driving,
we will check and evaluate the candidate's driv	
Do you have a valid driver's license? Yes	No No
Driver's License State: Number:	Expiration Date:
	een denied a driver's license or convicted of a moving traffic
	driving while intoxicated (driving under the influence) or
reckless driving? (Answering "yes" does not auto	matically disqualify you from employment since the nature of
the offense, the date of the offense and type of job	
Yes No If yes, please explain:	

AUTHORIZATION/RELEASE OF LIABILITY

I acknowledge that in connection with my employment or application for employment that I may be required to take a medical, psychological, or drug screen examination. I hereby authorize the release to The Douglas County Housing Authority the results of the examinations or drug screen including sampling of fluids, performed by any doctor(s) or clinic(s) to which I am referred by The Douglas County Housing Authority. I authorize The Douglas County Housing Authority to make a bona fide communication of this information within The Douglas County Housing Authority to those who have an interest in the subject matter of the information and to whom it is proper to give the information.

I authorize educational institutions, references, law enforcement agencies, private/state organizations and previous employers having information about me to release any and all information to The Douglas County Housing Authority. I am signing this Authorization/Release of Liability voluntarily so that The Douglas County Housing Authority can evaluate my suitability for employment with them. I, therefore, waive and release educational institutions, references, law enforcement agencies, private/state organizations and previous employers from any and all claims or causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy which might arise from responding to the Douglas County Housing Authority's request for information.

SIGNATURE	DATE