

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.

					Date:
Applicant					
Name:					
(First)	(Last)				(Middle Initial)
Address:					
Home Phone:	_	Alte	ernate Pho	on <u>e:</u>	
Email:	Fax Number:				
Social Security Number:	Referred	d by:			
Position Applied for:	_	Volunt	eer	Full-Time	Part-Time
If part-time, specify days and hours:					
Are you at least 18 years of age? Yes No					
Minimum Salary Required, if applicable:		_	Date A	vailable:	
Personal Data					
Please list all names under which you have been em	ployed (n	naiden,	married,	alias, etc.) inclu	ding current name:
Have you used tobacco products in the last 12 mont	hs?	Yes	No		
Have you ever applied for a position at Douglas Cou If yes, month and year:	-		nority? on:		
Have you ever held a position with us before?	Yes	No			
Do you have a relative who is a volunteer or an emp	loyee at I	Douglas	County H	lousing Authori	tγ?
Yes No If yes, who?		_ Relati	onship:		
Have you ever been convicted of a felony, any offen misappropriation of funds? Yes (Answering "yes" does not automatically disqualify y offense and type of job for which you are applying w	No /ou from	employ	ment sind		
If yes, please explain:					

## Education

Please list all education, starting with highest year completed. List name of school, university, or institution and location.

Name & Location	Did you graduate?	GPA?	Degree, Credit Hours, Certificate Received	List Major or Primary Course of Study
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<u> </u>				
Employment History				A. Present or Last Employer
Employer:				
Address:				
Phone Number:	Su	pervisor:		
Date of Employment- Began:		To	: Full-time	Part-time
Salary- Starting: Final:		Ma	ay we contact this employer?	
Job Title:				
Duties, Jobs Performed:				
Reason for Leaving:				
J				
				B. Previous Employe
Employer				
Employer:				
Address:		nondicore		
			. Full time	
Calery Charting		10	: Full-time	Part-time
1 I <b>T</b> 'II			ay we contact this employer?	
Duties, Jobs Performed:				
Reason for Leaving:				
J				
				C. Previous Employe
Employer:				
Address:				
Phone Number:	Su	nervisor		
Date of Employment- Regard	50	To	Full-time	Part-time
Salary- Starting. Final		10. M=	ay we contact this employer?	
Duties Jobs Performed				
Daties, Jobs Ferformed.				
Reason for Leaving:				
Acason for Leaving.				

## **D.** Previous Employer

nployer:				
ddress:				
hone Number:	Supervisor:			
ate of Employment- Began:	То:	To: Full-time May we contact this employer?		
alary- Starting: Final: _	May we contact thi			
b Title:				
eason for Leaving:				
usiness References				
A. Name:	Occupation:			
Personal Phone:	Business Phone:			
	Occupation:			
Address:				
	Business Phone:			
C. Name:	Occupation:			
Address:				
	Business Phone:			
	Occupation:			
Address:				

Personal Phone:	Business Phone:

## Driving Record

Before Douglas County Housing Authority employs any candidate for a position involving driving, we will check and evaluate the candidate's driving record.

Do you have a valid driver's license? Yes No

	Driver's License State:	Number:	Expiration Date:	
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During the past three (3) years, have you ever been denied a driver's license or convicted of a moving traffic offense, including but not limited to: speeding, driving while intoxicated (driving under the influence) or reckless driving? (Answering "yes" does not automatically disqualify you from employment since the nature of the offense, the date of the offense, and type of job for which you are applying will be considered.) 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: \_\_\_\_\_