



PLEASE FILL OUT ENTIRE APPLICATION AND SEND TO:
Fax: 260.267.9305
Email: hr@fwha.org

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

PLEASE DO NOT ANSWER ANY QUESTIONS BY REFERENCING A RESUME OR OTHER SEPARATE DOCUMENTATION.

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
If at this address less than 7 years, list your prior address					
Contact phone			E-mail Address		
Date Available	Social Security Number (last 4 digits) xxx-xx-		Desired Salary		

Position Applied for

Type of Employment Desired Full Time Part Time Temporary Seasonal

Please Read: Answering yes to any of the questions below will not automatically bar you from consideration for employment with FWHA. However, providing inaccurate or false information will disqualify you, and be grounds for immediate dismissal should you become employed with FWHA.

Are you at least 18 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you legally authorized to work in the United States for any employer? (Evidence of right to work in the U.S. is required upon employment.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	May Human Resources contact your present employer for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a resident of public housing, or are you a HCVP voucher holder?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are any relatives (blood or marriage) employed by FWHA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name, Relationship, Department, Location	
Have you submitted an application to FWHA before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, for what position and when?	
Have you ever worked for FWHA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Do you have a valid Driver's License?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic related infraction? (A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered. Convictions for which the record has been sealed, expunged, or statutorily eradicated need not be disclosed if applicable state law (including California law) prohibits inquiries about such convictions. California applicants need not disclose misdemeanor convictions for which probation was completed and the case was dismissed.)

YES NO If yes, explain

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EDUCATION			
High School		Address	
Number of years attended:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Undergraduate		Degree / Major	
Address			
Number of years attended:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Graduate		Degree / Major	
Address			
Number of years attended:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Vocational		Degree / Major	
Address			
Number of years attended:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Degree / Major	
Address			
Number of years attended:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Computer skills or other competencies?			
Other relevant information to determine your qualifications for employment?			
EMPLOYMENT			
Current Company		Contact Phone	
Address		Last immediate supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Previous Company		Contact Phone	
Address		Last immediate supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Previous Company		Contact Phone	
Address		Last immediate supervisor	

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Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES

Preferably current or former supervisors and colleagues who have knowledge of your work experiences and/or education.

Full Name	Relationship
Company	Contact Phone
Address	
Full Name	Relationship
Company	Contact Phone
Address	
Full Name	Relationship
Company	Contact Phone
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that this application was completed by me and that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements and references contained in this application. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that, if I am offered a job, as a condition of beginning my employment, I will be required to pass a drug/alcohol screen, and I hereby authorize any doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I understand that my refusal to submit to such a screen will disqualify me for current employment.

I understand that a background investigation of all statement and information contained in this application will be conducted.

I understand that federal law requires new employees, as a condition of employment, to produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

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I understand and agree that, upon employment, I will sign an agreement relating to confidential information.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Fort Wayne Housing Authority. I understand that any employment offered is for an indefinite duration and "at will" and that either I or Fort Wayne Housing Authority may terminate my employment at any time with or without notice or cause.

Signature

Date

It is Fort Wayne Housing Authority's policy to afford equal employment opportunity to all individuals, regardless of race, color, religion, national origin, ancestry, social origin, age, marital status, veteran status, disability, genetic information, sex (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or any other characteristic protected by ancestry, federal, state or local law. Fort Wayne Housing Authority will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

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