

**The Housing Authority of the County of Scotts Bluff, NE**  
**89-A Woodley Park Road**  
**Gering, Nebraska 69341-1638**  
 Equal Employment Opportunity Employer

**Application for Employment**

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Date: \_\_\_\_\_ Position Applied for \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address: \_\_\_\_\_  
 (street) (city) (state) (zip)

Phone No. \_\_\_\_\_ Valid Driver's License # \_\_\_\_\_

Willing to work: full-time \_\_\_\_\_; part-time \_\_\_\_\_; weekends \_\_\_\_\_. Rate of pay expected \_\_\_\_\_/hr.

Date available to start work: \_\_\_\_\_.

Circle last year completed:					Name of School
Elementary School	5	6	7	8	
High School	1	2	3	4	
College	1	2	3	4	

**Additional Training**

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**Employment History**

Company Name/Address/Phone # & Supervisor	Dates of Employment	Description of work	Starting / Ending wages	Reason for Leaving

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May we contact your most recent employer? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony offense? \_\_\_\_\_  
(conviction will not necessarily disqualify an applicant from employment)

Have you ever been dismissed from employment for misconduct, or have you ever resigned on request to avoid discharge? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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Have you served in the armed forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates \_\_\_\_\_

What do you see as your strengths?

What do you see as your weaknesses?

List any additional skills or interests in training you may have.

Please list three (3) references that we may contact:

Name \_\_\_\_\_ How to reach \_\_\_\_\_

Name \_\_\_\_\_ How to reach \_\_\_\_\_

Name \_\_\_\_\_ How to reach \_\_\_\_\_

**READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW**

The Housing Authority maintains a drug free work place. Pre-employment and random testing is a part of the Housing Authorities drug policy.

Be advised that failure to pass the pre-employment drug test will void your application for any Housing Authority employment position.

Also, be advised that if you are a participant in the Public Housing or Section 8 rental assistance programs, your failure to pass the pre-employment drug test or random testing during employment, will result in termination of your assistance.

**AFFIRMATION AND AUTHORIZATION**

I affirm that I am a legal resident of the United States of America. The facts set forth in my application are true and complete. I authorize any company or person listed in the foregoing application to give any and all information regarding my employment, credit or any other information, whether personal or otherwise, that may or may not be on their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the Housing Authority of the County of Scotts Bluff, NE. I understand that if hired, false statements on this application shall be considered sufficient cause for terminating employment.

Signature \_\_\_\_\_,

Date \_\_\_\_\_

This application was received by \_\_\_\_\_,

Date \_\_\_\_\_

**RELEASE OF INFORMATION FOR CRIMINAL BACKGROUND CHECK**

I hereby give the Scotts Bluff County Housing Authority permission to do a criminal background check. I understand this is necessary for everyone 18 and older that will reside in the household. I also understand that this is necessary before I can receive any help in the Section 8 Programs of Public Housing.

Directions: Please Print Clearly.

\_\_\_\_\_  
**LEGAL NAME**

\_\_\_\_\_  
**MAIDEN NAME OR OTHER NAMES USED**

\_\_\_\_\_  
**DATE OF BIRTH (EX. 01/31/2004)**

\_\_\_\_\_, \_\_\_\_\_  
**BIRTHPLACE**

- - -  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_ **MALE**

\_\_\_\_\_ **FEMALE**

**RACE: CHECK ONE**

\_\_\_\_\_ **WHITE**

\_\_\_\_\_ **BLACK**

\_\_\_\_\_ **AMERICAN INDIAN**

\_\_\_\_\_ **ALASKA NATIVE**

\_\_\_\_\_ **ASIAN**

\_\_\_\_\_ **PACIFIC ISLANDER**

**ETHNICITY: CHECK ONE**

\_\_\_\_\_ **HISPANIC** \_\_\_\_\_ **NON-HISPANIC**

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**For Maintenance Positions ONLY, please complete the following.**

<u>I can repair and replace:</u>	<u>Excellent</u>	<u>Fair</u>	<u>Poor</u>	<u>Own Tools</u>
Electric devices (switches, outlets, ect.)				
Sweating cooper pipes				
Plumbing/fixtures, fittings, unclogging drains				
Appliance/ ranges, dishwashers, refrigerators				
Electric water heaters				
Air conditioners				
Heating systems/hot water, electrical				
Wood floors, cabinets/refinishing, installing				
Gas power tools, clippers, snow blowers, tractors				
Caulking bathtub, doors, windows				
Ceramic tile/grouting, installing				
Sheetrock				
Flooring/tile, linoleum, installing				
Roofing/wood/shake				
Locks/repairing, replacing				
Glass/installing				
Screening/repairing, replacing				
Painting/indoor, outdoor				
Concrete patching				
Blacktop patching				
Mortaring stones				
Thermostats/electric, hot water heat				
Cement				
Landscaping				
Sprinklers				
Sump pump				
Testing amperage/voltage				

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_