

Housing Partners of Western Nebraska
89A Woodley Park Road
Gering, Nebraska 69341-1638



Application for Employment

We are an Equal Employment Opportunity Employer

Please print or type. Application must be fully completed to be considered regardless of resume.

Name

Address

City

State

Zip

Phone Number

E-mail Address

Are you a U.S. Citizen

Have you ever been convicted of a misdemeanor or a felony offense?

Yes No

Yes No

If selected for employment, are you willing to submit to a pre-employment drug test?

Yes No

Position Applied for

Date available to start work

Rate of pay expected

Willing to work

Full Time

Part Time

Seasonal/Temporary

School Name

Address

Years Attended

Degree

Major

Reference Name

Title

Company

Phone

Years Known

Employment History

| | | |
|-----------------------------|-------------------|-----------------|
| Employer (Name and Address) | Job Title | Dates Employed |
| Work Phone | Starting Pay Rate | Ending Pay Rate |
| Employer (Name and Address) | Job Title | Dates Employed |
| Work Phone | Starting Pay Rate | Ending Pay Rate |
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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

Print

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: _____

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RELEASE OF INFORMATION FOR CRIMINAL BACKGROUND CHECK

I hereby give Housing Partners of Western Nebraska permission to do a criminal background check. I understand this is necessary for everyone 18 and older that will reside in the household.

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
