

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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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

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

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**
