

APPLICATION FOR EMPLOYMENT

Mid-Columbia Housing Authority: 500 E 2nd Street, The Dalles, Oregon 97058

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or status, or any other legally protected status.

(PLEASE TYPE OR PRINT)

Position Applied For	Date Of Application	
_____	____/____/____	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle		
_____	_____	_____		
Address	Street	City	State	Zip Code
_____	_____	_____	_____	_____
Telephone Number(s)	Birth Date	Social Security Number		
_____	____/____/____	____/____/____		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____/____/____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

School	Name, City and State of School	Course of Study	Years Completed	Diploma/ Degree
High School			Did you graduate?	
Undergraduate College			Did you graduate?	
Graduate/ Professional			Did you graduate?	
Other (Specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

