



PASO ROBLES
HOUSING AUTHORITY
Est. 1942

901 30th Street
Paso Robles, CA 93446
(805) 238-4015

Employment Application

(Please type or print in ink)

Name (Last, First, MI): _____ Date: _____

Address: _____ Home Phone: _____ Other Phone: _____

City/State/Zip: _____ Email address: _____

What position are you applying for? _____ Desired pay rate _____

1. When are you available to start? _____

2. Are you at least 18 years of age? _____ If no, can you provide a valid work permit? _____

3. Are you looking for full time _____ or part-time work _____?

4. What languages do you speak, read, or write fluently? _____

5. If hired, can you verify you have the legal right to work in the U.S.? _____

6. Do you have any special skills, training, or experience which may help you qualify for this job? _____

Explain: _____

7. Do you have any condition that may require a reasonable accommodation for you to perform the duties of the job for which you are applying? _____ If yes, please explain: _____

8. Are there any factors that would prevent you from consistently working a regular 40 hour week? If so, please describe. _____

9. If selected for employment are you willing to submit to a background check? _____

10. Educational Background:

High School: _____ City: _____

College _____ City: _____

Other Relevant Education/Training _____



11. Are you related to any past or current Housing Authority employee, tenant or Board Member? If so, please name: _____

EMPLOYMENT HISTORY:

May we contact your present or past employer for references? If not, please explain:

Present Employer:

From: _____ Employer's Name: _____

To: _____ Address: _____

Title: _____ Name of Supervisor: _____

Hours Per Week _____ Phone # _____

Duties Performed: _____

Reason for Leaving: _____

List all other recent employment:

From: _____ Employer's Name: _____

To: _____ Address: _____

Title: _____ Name of Supervisor: _____

Hours Per Week _____ Phone # _____

Duties Performed: _____

Reason for Leaving: _____

From: _____ Employer's Name: _____

To: _____ Address: _____

Title: _____ Name of Supervisor: _____

Hours Per Week _____ Phone # _____

Duties Performed: _____

Reason for Leaving: _____

From: _____ Employer's Name: _____
To: _____ Address: _____
Title: _____ Name of Supervisor: _____
Hours Per Week _____ Phone # _____
Duties Performed: _____

Reason for Leaving: _____

From: _____ Employer's Name: _____
To: _____ Address: _____
Title: _____ Name of Supervisor: _____
Hours Per Week _____ Phone # _____
Duties Performed: _____

Reason for Leaving: _____

PERSONAL REFERENCES: (Do not list relatives)

1. Name: _____ Occupation: _____
Address: _____ Phone: _____
Email: _____
2. Name: _____ Occupation: _____
Address: _____ Phone: _____
Email: _____
3. Name: _____ Occupation: _____
Address: _____ Phone: _____
Email: _____

CERTIFICATE OF APPLICANT

I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted by me are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment if discovered at a later date.

Initials_____

I authorize the investigation of all statements contained in this application and any accompanying documentation provided by me and further authorize any person, employer (except as expressly noted to the contrary), and organization identified in this application form to provide the company with records, information and opinion that may be useful in making a hiring decision. I release all informants from all liability for any damage that may result from furnishing information and opinion to you provided that such information and opinion is truthful or made in good faith.

Initials_____

I understand that, if hired, I may not hold other employment, nor engage in other activities, that create a conflict of interest with my position with the company.

Initials_____

If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

Initials_____

If I become employed, in consideration of my employment, I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the company. Only the Executive Director, with approval of the Board of Directors, has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and any such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and the company regarding the term of my employment and supersedes any other oral or written agreement.

Initials_____

Signature

Date

(A resume or other supporting information may be attached to this application)