



Application for Employment

Equal Opportunity Employer

377 Cornell Street
 Middleton, ID 83644
 Phone: 208-585-9325
 Fax: 208-585-9326
 Date: ___/___/___

How did you hear about us? _____

PERSONAL INFORMATION

Name:			
Last	First	Middle	
Present Address:			
Street	City	State	Zip
Permanent Address:			
Street	City	State	Zip
Phone Number:		Best time to contact	
Email Address:		Are you 18 years or older? Yes No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			
Yes		No	
<i>Proof of citizenship or immigration status will be required upon employment</i>			

EMPLOYMENT DESIRED:

Position:	Date you can start	Salary Desired
Are you currently employed?		If yes, may we contact your present employer?
Have you ever applied to SICHA before?		If yes, when?
Do any of your friends or relatives work here?		
Are you currently on layoff status and subject to recall?		

Are you bondable?

Have you been convicted of or pleaded guilty to a misdemeanor or felony offense? Include military service convictions. Do not include arrests that have not resulted in criminal prosecution. Yes
No

If YES, this will not necessarily preclude employment. If yes, please explain:

EDUCATION:

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree Received
High School				
Undergraduate College				
Graduate Professional				
Other (explain)				
Foreign Languages				

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EMPLOYMENT EXPERIENCE:

Date Month & Year	Employer (City & State) Supervisor & Phone	Salary	Title & Duties	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

** Please attach a separate piece of paper if additional space is required*

VETERAN'S PREFERENCE:

Date Entered Military	Date Separated	Branch of Service
If you claim war veteran's preference complete either A, B, C		
Type of Discharge	Type of Discharge	Type of Discharge
Item A	Item B	Item C
Are you a resident of Idaho? Yes ___ No ___	Are you a resident of Idaho? Yes___ No ___ Percentage of Disability _____% Do you receive pension or compensation for non-service-connected disabilities?	Disabled? _____ Deceased? _____ If disabled type of discharge war veteran received? _____ If a war veteran is deceased, have you remarried? _____ Are you a resident of Idaho? Yes ___ No ___

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REFERENCES:

Name	Address & Phone	Business	Relationship	Year Acquainted
1.				
2.				
3.				

Authorize & Release: I authorize Southwestern Idaho Cooperative Housing Authority to conduct an investigation of my qualifications for employment. I realized the investigation will include contacting prior employers or other third-party agencies to release all information about me to SICHA and I release any and all persons and parties connected with the investigation from any and all claims or damages arising from the furnishing of information as part of that investigation.

I certify all the information submitted by me on this application is true, correct and complete. I also certify I have accounted for all of my work, experience and training on this application, and I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I agree to abide by SICHA rules, regulations and policies. I understand that discovery of misrepresentations or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal.

I have read and reviewed the description of the job for which I am applying. I understand I must be capable of performing the essential functions of the job effectively and safely with or without reasonable accommodation.

By signing this agreement, you hereby wave your rights regarding SICHA drug testing policy. SICHA has established a pre-employment drug testing policy. Pre-employment testing of applicants: as a condition of hiring, applicants will be required to submit to a pre-employment drug test conducted by the Housing Authority’s representatives. Applicants will provide a urine sample for drug testing. The rest results will be maintained in a confidential file, and only released to the Housing Authority, its representatives, or as otherwise authorized or required by law. The applicant releases SICHA and its representatives from all liabilities relating to the drug testing carried out under this policy, including without limitation, the release of the test results. Any applicant who fails to report for a test, refuses to take a test, fails to provide a specimen, tampers with a test specimen or who is identified with verified positive test results will be denied employment at that time. Applicants identified with verified positive test results may reapply after one (1) year from the date

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of the initial test with proof of successful completion of a rehabilitation program through a state-licensed facility.

I understand this is an application for employment and no employment contract, either express or implied, is being offered. I also understand if employed, such employment is for an indefinite period and can be terminated at will by either party with or without notice, at any time, for any or no reason, and is subjected to change in wages, conditions, benefits, and operation policies.

Date: _____ Signature of Applicant _____

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Please write below or on additional sheets, any comments you want to express regarding your qualifications for this position.

1. Describe your experience which makes you qualified for this position.

2. Describe your typing skills and experience with computers.

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12. Our office is quite small, do you have any problems working closely as a team with people of different attitudes and abilities?

13. How do you get along with co-workers?

14. Do you take constructive criticism?

15. Would you be willing to accept work outside your job description during free time if another co-worker needs assistance?

16. If something is bothering you, do you keep it to yourself or do you talk it out?

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17. If this position was offered to you, would you accept it?
If you accepted, when could you start?

18. All employees of the Housing Authority are requested to sign a release to run a criminal background check. Do you have any objection to this?

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