

Employment Application

CHIPPEWA COUNTY HOUSING AUTHORITY

711 N. Bridge St., #14
Chippewa Falls, WI 54729 54729-1876
715-726-7933

An affirmative action/equal opportunity employer

Important: Read carefully before filling out your application.

Chippewa County Housing Authority is NOT a County Department. If hired you will be an employee of the Housing Authority, not the County.

Please type or print plainly in ink. This application must be fully completed to be considered for employment. You may attach a resume, but the resume may not be substituted for this official application in whole or in part. We will not refer to the resume for incomplete application answers. Study the essential qualifications listed in the position announcement. If you believe that you meet these qualifications, complete this application. Answer all questions applicable to the position for which you are applying. Be thorough. Your completed application, together with any additional information specified in the position announcement, must be received not later than 4:30 p.m. on the closing date specified in the announcement. Incomplete or unsigned applications will not be processed.

Position applied for: _____ Today's Date: _____

PERSONAL DATA

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip

SOCIAL SECURITY NUMBER _____ Are you 18 year of age or older? _____

HOME PHONE: _____ CELL PHONE: _____

Are you legally eligible for employment in the United States? Yes _____ No _____

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF CREDITS EARNED	DID YOU GRADUATE?	GIVE TYPE OF DEGREE, DIPLOMA OR CERTIFICATE
HIGH SCHOOL					
TECHNICAL, TRADE OR BUSINESS SCHOOL					
COLLEGE					
GRADUATE SCHOOL					

Do you have a Driver's License? Yes _____ No _____

Do you have a licensed car with liability insurance coverage available for work? Yes _____ No _____

List the software programs you know how to use and your level of proficiency (beginner, intermediate, advanced)

List below any continuing education or in service training you have completed relevant to the job for which you are applying:

Course Names	Dates Attended/Length of Courses	School/Institution/Sponsoring Agency

References

List three persons we may contact **AT THIS TIME** who are **NOT RELATED TO YOU** and who have definite knowledge of your qualifications for the position for which you are applying. Do not give names of supervisors listed under **EXPERIENCE**.

Full Name, Title and Business/Occupation, How this person knows you	Present Address (Number, Street, city, State and ZIP)
	Street: _____ City: _____ State _____ ZIP _____ Day time Phone Number: _____
	Street: _____ City: _____ State _____ ZIP _____ Day time Phone Number: _____
	Street: _____ City: _____ State _____ ZIP _____ Day time Phone Number: _____
Have you been convicted of any violations other than minor traffic violations? Yes _____ No _____ If yes, for what have you been convicted, when and where? <p style="text-align: center; font-size: small;">A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</p>	
Veteran Status: Non-Veteran _____ Veteran _____ Dates of Service _____	

AUTHORIZATION:

I hereby authorize investigation of all statements contained in this application and agree that if any misrepresentation, falsification or omission of fact has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by Chippewa County Housing Authority may be terminated immediately without any obligation or liability to me.

In connection with my application for employment, I authorize Chippewa County Housing Authority and any agent acting on its behalf, to conduct an inquiry as to my record with any or all of my former employers, references, and any or all educational institutions. Moreover, I hereby release Chippewa County Housing Authority, and any agent acting on its behalf, from any or all liability resulting from requesting such information.

Former employers named herein are authorized to give information regarding my employment. They are hereby released from all liability for issuing such information. By signing this authorization I acknowledge that I have read and understand the foregoing.

Signature of Applicant

Date