

Gothenburg Housing Authority
 810 20th Street
 Gothenburg, NE 69138
 Phone: 308-537-7275
 Fax: 308-537-3695

A Helping Hand for Housing



APPLICATION FOR EMPLOYMENT

The Gothenburg Housing Authority assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, mental or physical disability or religious creed and with proper regard for their privacy and constitutional rights. **Applications are retained for six (6) months. Applicants who need accommodation in the selection process should request this in advance.**

Please type or print in dark ink.

Applicant's Name (Last, First, Middle Initial)		Type of Work Desired (CHECK ALL THAT APPLY) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship	
Street Address		Position Applied for	
City, State, Zip		Date Available for Work	
Email Address		If you are applying for a position which involves driving, do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Telephone Number	Work/Message Telephone Number	State _____ Number _____	
Do any of your relatives work for the Gothenburg Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name (s):		Have you ever worked for the Gothenburg Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORDS

List below the positions you have held starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties" Describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer or unpaid experiences will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. A resume is not a substitute, but may be included with completed application.

EMPLOYMENT INFORMATION

DESCRIPTION OF DUTIES

1 Employer		Position Title	Number Supervised
Street Address		Specific Duties	
City, State, Zip			
Immediate Supervisor/Title		Telephone Number	
Dates of Employment (Month, Year)		Hourly Rate/Salary	
FROM:	TO:	START:	FINAL:
Total Employed:	<input type="checkbox"/> Part-Time	Hours Worked Per Week:	Reason for Leaving
Years: Months:	<input type="checkbox"/> Full-Time		
2 Employer		Position Title	Number Supervised
Street Address		Specific Duties	
City, State, Zip			
Immediate Supervisor/Title		Telephone Number	
Dates of Employment (Month, Year)		Hourly Rate/Salary	
FROM:	TO:	START:	FINAL:
Total Employed:	<input type="checkbox"/> Part-Time	Hours Worked Per Week:	Reason for Leaving
Years: Months:	<input type="checkbox"/> Full-Time		

EMPLOYMENT INFORMATION

DESCRIPTION OF DUTIES

3	Employer	Position Title	Number Supervised
	Street Address	Specific Duties	
	City, State, Zip		
	Immediate Supervisor/Title	Telephone Number	
	Dates of Employment (Month, Year)	Hourly Rate/Salary	
	FROM: TO:	START: FINAL:	
	Total Employed:	<input type="checkbox"/> Part-Time	Hours Worked Per Week:
	Years: Months:	<input type="checkbox"/> Full-Time	Reason for Leaving
4	Employer	Position Title	Number Supervised
	Street Address	Specific Duties	
	City, State, Zip		
	Immediate Supervisor/Title	Telephone Number	
	Dates of Employment (Month, Year)	Hourly Rate/Salary	
	FROM: TO:	START: FINAL:	
	Total Employed:	<input type="checkbox"/> Part-Time	Hours Worked Per Week:
	Years: Months:	<input type="checkbox"/> Full-Time	Reason for Leaving

EDUCATIONAL/SKILLS RECORDS

Give your complete education history. Transcripts of post high school coursework may be required.

<p>Foreign Languages</p> <p>Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, check all that apply:</p> <p><input type="checkbox"/> French <input type="checkbox"/> Sign Language (ASL) <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> German <input type="checkbox"/> Slavic <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Laotian <input type="checkbox"/> Spanish</p>	<p>List any special skills/coursework you may have:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Have you had training/coursework or experience in (Please check those that apply):</p> <p><input type="checkbox"/> Typing <input type="checkbox"/> PC/Computer Terminal <input type="checkbox"/> Data Entry <input type="checkbox"/> Word Processing Software _____</p> <p><input type="checkbox"/> Calculator/Adding Machine <input type="checkbox"/> Dictation Equipment <input type="checkbox"/> Shorthand/Speedwriting <input type="checkbox"/> Spread Sheet Software _____</p>	
<p>Types of Equipment: _____</p>	

Type of School	Name and Address of School	Major Course of Study	Last Year Completed	Graduate? Degrees?	Last Year Attended
High School			1 2 3 4		
College, University, Technical School			1 2 3 4		
Other Training					

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

LICENSES AND CERTIFICATES

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying complete the following questions.

Name of trade or profession	License Number
Granted by	City and/or State
Specialty	License # From: To:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Gothenburg Housing Authority to verify their accuracy are to obtain reference information on my work performance. I hereby release Gothenburg Housing Authority from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, verified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Applicant's Signature _____

Date _____

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

REFERENCES

Please list three job-related references (do not list relatives). Only list references who are familiar with your work performance.

Applicant Name: _____

Please Clearly Print

Name _____

Company _____ Title _____

Co-worker _____ Supervisor _____ Other (please specify) _____

Address _____

Daytime Telephone Number _____

Name _____

Company _____ Title _____

Co-worker _____ Supervisor _____ Other (please specify) _____

Address _____

Daytime Telephone Number _____

Name _____

Company _____ Title _____

Co-worker _____ Supervisor _____ Other (please specify) _____

Address _____

Daytime Telephone Number _____

For Human Resource Use Only

Reference Check Completed by: _____ Date: _____

Criminal History Check Completed by: _____ Date: _____

Motor Vehicle Check (if required) Completed by: _____ Date: _____