

Dodge County Housing Authority
491 E Center Street
Juneau WI 53039
Phone (920) 386-2866 Fax (920) 386-2725
info@dodgehousing.org

LAST NAME:	FIRST NAME:	MIDDLE NAME:
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)		HOME PHONE NUMBER:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		DAYTIME PHONE NUMBER:
APPLICATION FOR POSITION OF:		EMAIL:
<input type="checkbox"/> <input type="checkbox"/>		
Are you an U.S. citizen, or do you have an entry permit which allows you to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been employed by Dodge County Housing? <input type="checkbox"/> YES <input type="checkbox"/> NO When?		
Have you ever been terminated, discharged or resigned to avoid being discharged from any employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF WORK DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> Limited Term /Temporary <input type="checkbox"/> Permanent		If the job requires weekends and nights, would you be willing to accept it? <input type="checkbox"/> YES <input type="checkbox"/> NO
What date would you be able to start work?	What hours are you NOT available for work, if any?	Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO Any accidents in the past 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
Since your 18 th birthday, have you <i>EVER</i> been convicted of any violations of law (or, as a juvenile, been waived into adult court and convicted) or are you now subject to a <u>pending</u> charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with state law pending criminal charges or any convictions will not be used or considered unless they are substantially related to circumstances of the particular job. <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> Explain:		

EDUCATION:

	NAME & LOCATION OF SCHOOL	GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School		Yes () No ()		
Vocational		Yes () No ()		
College/Univ.		Yes () No ()		
Graduate School		Yes () No ()		
Other				

Have you been told the essential functions of the job or have you viewed a copy of the job description listing the essential functions of the job? Yes () No ()

Can you perform these essential functions of the job with or without reasonable accommodation? Yes () No ()

WORK HISTORY FOR THE PAST TEN YEARS: (Begin with your most recent employment.
Attach additional paper if necessary. Please attach resume, if available.)

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving (Please Explain):			
Description of duties:			

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
Reason for leaving (Please Explain):			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of duties:			

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
Reason for leaving (Please Explain):			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of duties:			

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
Reason for leaving:			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of duties:			

Please explain any periods between jobs: _____

PROFESSIONAL/BUSINESS REFERENCES

1	Name:	Business Phone:
Job Title: Company:		Relationship:
2	Name:	Business Phone:
Job Title: Company:		Relationship:
3	Name:	Business Phone:
Job Title: Company:		Relationship:

ADDITIONAL EXPERIENCE OR QUALIFICATIONS: List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate prior military service, which you would like, considered in connection with your application of employment.

TOOLS/EQUIPMENT/MACHINE OPERATION: List any type of tools, machines and/or equipment which you have experience operating:

AUTHORIZATION

(PLEASE READ CAREFULLY BEFORE SIGNING)

By signing below, I certify that the answers given herein and in an attached resume, if any, are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on this application or attached resume, or any other written or verbal communication related to the hiring process, may cause me to be denied employment, or if employed may be used for discipline up to and including termination. I agree that Dodge County Housing Authority (DCHA) shall not be held liable in any respect if I am not hired, or if I am disciplined or terminated because of any false statements, answers, or omissions made by me in relation to the hiring process.

I hereby grant permission to the HA to investigate any of the information contained herein and in an attached resume, if any. I authorize any company, school, organization or individual named herein and any law enforcement agency or credit bureau to release information and records relating to myself, personal, or otherwise, and release same parties from any and all liability for any damage that may result from furnishing this information to the DCHA. A copy of this authorization is as valid as the original and should be recognized as such. I understand that an offer of employment may be contingent upon a favorable evaluation and/or results of any pre-employment requirements related to the position such as a health evaluation form, medical examination which may include alcohol and/or drug testing, skills testing, aptitude testing, verification of employment or other assessment determined necessary. I hereby authorize the release of the results of all such evaluations, examinations and testing to the DCHA. I understand that I may be required to undergo such examinations and tests in the future and that my employment is contingent upon successful completion of such examinations and tests. I release the DCHA from any and all liability with respect to such examinations and tests, and hold the DCHA harmless for any decision made by the DCHA in this respect.

I agree to conform to the rules, regulations and policies of the HA. I also understand that if hired regular attendance is required of me as a condition of employment. I fully understand and agree that filling out this Application for Employment does not obligate the HA to offer me a job, nor does it obligate me to accept a job with the DCHA. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant's Signature _____ Date: _____