

APPLICATION FOR EMPLOYMENT

Rural Communities Housing Development Corporation

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security No.
Position Desired			Pay Expected
Apart from absence for religious observation, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Other Special Training or skills (languages, machine operation, etc.)			Driver's License Number
How did you learn of our organization?			Email Address

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE ?	DEGREE OR DIPOLMA
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? _____, if yes, list convictions:
 (A conviction does not necessarily disqualify an applicant for the position being applied for) _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

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

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with the Present or most recent employment.

1	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	From: To: Weekly Pay
	State Job Title and Describe Your Work	Start: Last: Reason for Leaving
2	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	From: To: Weekly Pay
	State Job Title and Describe Your Work	Start: Last: Reason for Leaving
3	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	From: To: Weekly Pay
	State Job Title and Describe Your Work	Start: Last: Reason for Leaving

FOR ADDITIONAL POSITIONS, ATTACH SEPARATE LIST OR RESUME

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	From: To:
	Rank at Discharge
	Date of Final Discharge

I hereby declare the information provided by me in this Application for Employment is true, correct complete to the best of my knowledge. I understand that if employed, any misstatements or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, person characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: _____ Signature: _____

DO NOT CONTACT MY PREVIOUS EMPLOYOR