



S P O K A N E
Housing Ventures
 Giving people a place to call home

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, marital status, national origin, handicap or veteran status.

Last Name	First	Middle	Date of Application
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Position(s) Applied For			Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Referral Source: Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____			On what date would you be available for work?
Have you filed an application here before: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give date:			Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give date:			May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you on a lay-off and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you available to work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>			Can you travel if a job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

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

EMPLOYMENT

Start with your present or last job. Include military service assignments and volunteer activities. At your preference, exclude organization names which indicate race, color, religion, sex or national origin.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
Employer Number(s) _____ Reason _____	

If you need additional space, please continue on a separate sheet of paper.

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience which may relate to this position

Please give us some professional references whom we may contact.

	Name	Profession	Organization & Address	Phone
1.				
2.				
3.				

I certify that the information and answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that employment with Spokane Housing Ventures is at will and I am required to abide by all rules and regulations of Spokane Housing Ventures.

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.

Signature of Applicant

Date