

The Douglas County Housing Authority promotes and maintains equal employment opportunity in accordance with all federal and state laws. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

All Douglas County Housing Authority properties are smoke free.

		Date:
Applicant		
Name:	(Last)	(Middle Initial)
Address:		
Home Phone:	Alternate Phone:	
Email:	Fax Number:	
Social Security Number:	Referred by:	A CAN ANNIHAY
Position Applied for:	Volunteer Full-Tim	e Part-Time
If part-time, specify days and hours:		
Are you at least 18 years of age? Yes No		
Minimum Salary Required, if applicable:	Date Available: _	
Personal Data		
Please list all names under which you have been emp	ployed (maiden, married, alias, etc.)	including current name:
Have you used tobacco products in the last 12 mont	ıs? Yes No	
Have you ever applied for a position at Douglas Cour if yes, month and year:		No ·
Have you ever held a position with us before?	Yes No If yes, when?	
Do you have a relative who is a volunteer or an emp	oyee at Douglas County Housing At	uthority?
Yes No If yes, who?	Relationship:	A A A A A A A A A A A A A A A A A A A
(Answering "yes" does not automatically disqualify y offense and type of job for which you are applying w	No ou from employment since the nate	
If you planed symbols		

Education

Please list all education, starting with highest year completed. List name of school, university, or institution and location.

Name & Location	Did you	GPA?	Degree, Credit Hours, Certificate	List Major or Primary
	graduate	?	Received	Course of Study
:				

mployment History				A. Present or Last Employer
Imployment instory				W. Liezelić oz past ciubiole:
mployer:			····	
Address:				
Phone Number:		Supervisor:		
Date of Employment- Be	egan:	То	: Full-time	Part-time
Salary-Starting:	Final:	Ma	y we contact this employer?	
lob Title:			<u>.</u>	
			. ,	
Reason for Leaving:				
				B. Previous Employe
				B. Frevious Employe
Employer:				
Address:				
Phone Number:		Supervisor:		
Date of Employment- Be	egan:	То	Full-time	Part-time
Salary- Starting:	Final:	Ma	ay we contact this employer?	
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Reason for Leaving:				
				C. Previous Employe
				Cirrenous Cimpion
Employer:				
Address:	,			
Phone Number:		Supervisor:		
Date of Employment- Be	egan:	То	: Full-time	Part-time
Salary-Starting:	Final:	М	ay we contact this employer?	
lob Title:				
Duties, Jobs Performed:				
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:				LIMANA MINISTER CONTRACTOR CONTRA
Reason for Leaving:				

D.	Previous	Employer

					D. Previous Employer
Employ	ar.		۲		
			Supervisor:	•	
Date of	Employme	nt- Began:	To:	Full-time	Part-time
Salary- S	starting:	Final:	May we contact th	nis employer?	
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	···········	:			
Reason	for Leaving	š			
Busines	s Referer	icės			
A.	Name:	: :	Occupation:		
	Address:	: <u></u>			
	Personal	Phone:	Business Phone:		
В.	Name:		Occupation:		
	Personal	Phone:	Business Phone:		
C.	Name:		Occupation:		
	Address:	<u></u>			
	Personal	Phone:	Business Phone: _		
Đ.	Name:		Occupation:		
	Personal	Phone:	Business Phone:		
Driving	Record				
		:	ority employs any candidate for a	position involving dr	iving, we will check and
evaluat	e tne cano	idate's driving recor	· .		
Do you	have a vali	d driver's license?	Yes No		
Driver's	License St	ate: Nı	umber:	Expiration Da	ite:
includin "yes" do type of	g but not l bes not aut	imited to: speeding, tomatically disqualify ich you are applying	ou ever been denied a driver's lice driving while intoxicated (driving y you from employment since the will be considered.) Yes	under the influence) of nature of the offense	or reckless driving? (Answering

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Authorization/ Release of Liability

I acknowledge that in connection with my employment or application for employment that I may be required to take a medical, psychological, or drug screen examination. I hereby authorize the release to the Douglas County Housing Authority the results of the examinations or drug screen including sampling of fluids, performed by any doctor(s) or clinic(s) to which I am referred by the Douglas County Housing Authority. I authorize the Douglas County Housing Authority to make a bona fide communication of this information within the Douglas County Housing Authority to those who have an interest in the subject matter of the information and to whom it is proper to give the information.

I authorize educational institutions, references, law enforcement agencies, private/state organizations and previous employers having information about me to release any and all information to the Douglas County Housing Authority. I am signing this Authorization/Release of Liability voluntarily so that the Douglas County Housing Authority can evaluate my suitability for employment with them. I, therefore, waive and release educational institutions, references, law enforcement agencies, private/state organizations, and previous employers from any and all claims or causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy which might arise from responding to the Douglas County Housing Authority's request for information.

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Signature: _	Date:
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