GREAT FALLS HOUSING AUTHORITY

1500 Chowen Springs Loop
Great Falls, MT 59405
(406) 453-4311
Fax (406) 727-5566

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin or family status.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

CONTACT INFORMATION (Please check the one(s) that is/are best to contact you.)

☐ Home phone: ☐ Business phone:

☐ Cell phone: ☐ E-mail:

Where did you hear about this job?

EMPLOYMENT DESIRED

Position: Date you can start Salary desired

Are you employed now? If so, may we inquire of your present employer?

Ever applied to GFHA before? When? What position?

Do you have a relative working for GFHA? Who?

Are you a U.S. citizen or otherwise permitted to work in this Country? Yes:_____ No:_____

If you attended school under a different name, please provide us that name:_____

EDUCATION	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	Q Yes Q No	
Trade, Business or Correspondence School		1 2 3 4	Q Yes Q No	

College / Post-Graduate		1 2 3 4	Q Yes Q No	If Yes, what was your degree?
		Date of Last Year at School: _____		
College / Post-Graduate		1 2 3 4	Q Yes Q No	If Yes, what was your degree?
		Date of Last Year at School: _____		

Please list any special skills, licenses, or certificates which relate to the job you seek such as foreign language fluency, specialized knowledge, etc.

Please list any academic awards or distinctions that relate to the job you seek:

Please indicate your abilities with the following software programs by putting a check in the appropriate column:

	No experience or knowledge	Limited experience	Working knowledge	Very experienced	Expert
Windows					
Outlook					
Word					
Excel					
Access					
Powerpoint					
Publisher					
Internet					
Other (list)					

FORMER EMPLOYERS: Please list last four (4) employers starting with the last one first

Employment month & year.

From: _____

To: _____

Employer's Name:

Address:

Phone:

Supervisor:

Reason for Leaving:

Position:_____

Salary:_____

___ Full time
___ Part time
___ Seasonal
___ Intern/School

May we contact: Yes:___ No:____

Job Duties:

Employment month & year.

From: _____

To: _____

Employer's Name:

Address:

Phone:

Supervisor:

Reason for Leaving:

Position:_____

Salary:_____

___ Full time
___ Part time
___ Seasonal
___ Intern/School

May we contact: Yes:___ No:____

Job Duties:

Employment month & year.

From:

_____

To:

_____

Employer's Name:

Address:

Phone:

Supervisor:

Reason for Leaving:

Position:_____

Salary:_____

___ Full time
___ Part time
___ Seasonal
___ Intern/School

May we contact: Yes:___ No:_____

Job Duties:

Employment month & year.

From:

_____

To:

_____

Employer's Name:

Address:

Phone:

Supervisor:

Reason for Leaving:

Position:_____

Salary:_____

___ Full time
___ Part time
___ Seasonal
___ Intern/School

May we contact: Yes:___ No:_____

Job Duties:

Please explain any gaps in your work history:

Please list any voluntary or professional organizations you belong to that relate to the job you are seeking:

References: Please provide the following information for three persons, not related to you, and whom you have known for at least one year.

Name:	Address & Phone Number	Why do they know you?	Years Acquainted

Have you ever been convicted of a criminal offense? Yes: ___ No: ____
NOTE: GFHA will not discriminate against any person solely because they have a criminal conviction but will evaluate each one individually.

If yes, please list charge(s):

When convicted: _____. Where convicted: _____. Current status: _____

Are you a registered sex or violent offender? Yes: _____ No: _____

Please provide us with the name, address, and phone number of someone we can contact in case of an emergency:

Please use this space to provide us with any other information you believe is related to this application that we should take into consideration and which has not been asked elsewhere on this application form.

Authorizations:

By my signature, I consent to the release of information to agents or employees of the Great Falls Housing Authority ("GFHA") which relates to this application, and which may include but is not limited to information concerning:

- my past and present work including all official personnel files, evaluations, records;
- educational records including transcripts;
- law enforcement records;
- military service records; and,
- any other personnel records deemed necessary by GFHA to determine qualification for employment.

I also consent to GFHA agents or employees making inquiries of third parties such as credit bureaus provided said inquiries relate to my application for employment.

I hereby release GFHA, any educational entity, present or former employers, law enforcement organizations, references, and third parties and their, agents, employees, and officers and directors from any and all claims of whatever nature that I may have as a result of any inquiry or response to such inquiry made in connection with my application for employment.

Signature:_____ Date:_____

Certification:

By my signature, I affirm, agree, and understand that all statements on this form and on any attached resume, letter of recommendation, or other document are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment for cause.

Signature:_____ Date:_____