



Name: _____
Last First M.I.

Address _____
Street Address Apt#

City _____ State _____ Zip _____

Phone: () _____ Work () _____

Equal Opportunity Employer
Return to: SHA, 469 S. Fifth St.
Salina, Kansas 67401

Application for Employment

Position Applying For: _____

Employment Record: This section must be completed. A resume cannot be substituted. List most recent position first. Include summer, part-time and volunteer work.

Name of Company _____ Dates Employed, From _____ To _____

Address: _____ Salary _____ hr/mo/wk/yr

Supervisor _____ Phone# _____ Hours per week _____

Your Position/Title _____

Summarize your duties _____

Reason for Leaving _____

May we contact your present employer YES NO

Name of Company _____ Dates Employed, From _____ To _____

Address _____ Salary _____ hr/mo/wk/yr

Supervisor _____ Phone # _____ Hours per week _____

Your Position/Title _____

Summarize your duties _____

Reason for Leaving _____

Name of Company _____ Dates Employed, From _____ To _____

Address _____ Salary _____ hr/mo/wk/yr

Supervisor _____ Phone # _____ Hours per week _____

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Reason for Leaving _____

Name of Company _____ Dates Employed, From _____ To _____

Address _____ Salary _____ hr/mo/wk/yr

Supervisor _____ Phone # _____ Hours per week _____

Your Position/Title _____

Summarize your duties _____

Reason for Leaving _____

Education Section: This section must be completed.

High School:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

(List three professional references not related to you with name, address and phone number)

Additional information that may be helpful in establishing your qualifications (Education, licenses, awards, professional affiliations, interests, etc.)

When are you available to start? _____

I certify that all information provided on this application and any attached resume is true and correct. Any misrepresentation or omission will be grounds for discharge from employment when discovered.

Signature _____ Date _____

The Salina Housing Authority does not discriminate based upon an individual's race, sex, color, national origin, age, religion, sexual orientation, ancestry or disability.

I authorize the Salina Housing Authority to check and verify all information on my application and/or resume and release the SHA from any liability resulting from the verification process.

I understand that all employment with the Salina Housing Authority is on an at-will basis, and that employees are free to resign or be terminated at any time. Neither this application nor any personnel forms constitutes an employment contract.

I understand that the Salina Housing Authority will require all applicants chosen for interviews and/or offered a position to sign a release authorizing the SHA to request Criminal Offender Records Information.

Signature _____ Date _____