



Oshkosh Housing Authority Winnebago County Housing Authority

P.O. Box 397, Oshkosh, WI 54903-0397
(920) 424-1450 • Fax (920) 424-1474
www.ohawcha.org

APPLICATION FOR EMPLOYMENT

We provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, marital status, national origin, ancestry, physical or mental handicap.

Name: Last _____ First _____ Middle _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Telephone () _____ Social Security # _____

Position applied for _____

How did you hear of this opening _____

When can you start _____ Desired Wage \$ _____

What is your current annual income: \$ _____

Are you currently living in Public Housing or Rent Assisted Housing: [] Yes [] No

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [] Yes [] No

Are you looking for full time employment? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

If yes, What crime? _____ When? _____ Where? _____

Have you been convicted in the previous five years for any criminal offense? [] Yes [] No

If yes, What crime? _____ When? _____ Where? _____

Are you subject to a lifetime state sex offender registration program in any state? [] Yes [] No

If yes, what state? _____

Education: School Name and Location, Years in attendance, Major Degree

High School _____

College _____

Other _____

Beyond your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____ Address _____

Telephone _____ Date Started _____ Starting Wage _____ Position _____

Date Ended _____ Ending Wage _____ Ending Position _____ Supervisor _____

Responsibilities _____

Reason for leaving _____

Company name _____ Address _____

Telephone _____ Date Started _____ Starting Wage _____ Position _____

Date Ended _____ Ending Wage _____ Ending Position _____ Supervisor _____

Responsibilities _____

Reason for leaving _____

Company name _____ Address _____

Telephone _____ Date Started _____ Starting Wage _____ Position _____

Date Ended _____ Ending Wage _____ Ending Position _____ Supervisor _____

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The Authority is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or the Authority can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that only the Board of Commissioners has the authority to alter the foregoing.

Signature _____ Date _____