



Oshkosh Housing Authority  
Winnebago County Housing Authority  
P.O. Box 397, Oshkosh, Wisconsin 54903-0397  
(920)424-1450 \* Fax (920) 424-1450  
www.ohawcha.org

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

Referral Source: ☐ WALK-IN  
☐ INDEED  
☐ GLASSDOOR  
☐ CURRENT EMPLOYEE  
☐ OTHER

Position applied for: \_\_\_\_\_ Date available for work: \_\_\_\_\_

What is your minimum hourly/salary requirement? \_\_\_\_\_

### EMPLOYMENT HISTORY

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Employment History: (Start with most recent employer)

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed: From: \_\_\_\_\_ Your salary: Starting: \_\_\_\_\_  
To: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed: From: \_\_\_\_\_ Your salary: Starting: \_\_\_\_\_

To: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed: From: \_\_\_\_\_ Your salary: Starting: \_\_\_\_\_

To: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed: From: \_\_\_\_\_ Your salary: Starting: \_\_\_\_\_

To: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **SKILLS**

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

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## EDUCATIONAL DATA

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SCHOOL	PRINT NAME, PHONE NUMBER, CITY & STATE FOR EAH SCHOOL LISTING	NO. OF YRS COMPLETED	DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No
GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No

## REFERENCES

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NAME	RELATIONSHIP	OCCUPATION	PHONE

## GENERAL INFORMATION

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PROOF OF ELIGIBILITY TO WORK IN THE U.S. WILL BE REQUIRED IMMEDIATELY UPON EMPLOYMENT. ACCORDINGLY, ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

ARE YOU SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE?

☐ YES ☐ NO IF YES, WHAT STATE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE; INCLUDING A FELONY, MISDEMEANOR, TRAFFIC OFFENSE, OR ANY OTHER CRIME?

☐ YES ☐ NO IF YES, PLEASE LIST ALL.

DATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PLEASE EXPLAIN:

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(AN AFFIRMATIVE ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT.)

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED.

I UNDERSTAND THAT THE EMPLOYER FOLLOWS AN EMPLOYMENT-AT-WILL POLICY WHICH MEANS THAT I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTIONS ON THIS APPLICATION ARE USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, ANCESTRY, ARREST OR CONVICTION RECORD, CREED, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER PROTECTED STATUS UNDER FEDERAL, STATE, OR LOCAL LAW.

I AUTHORIZE THE COMPANY TO INVESTIGATE MY RESPONSES ON THIS APPLICATION AND CONTACT ANY OR ALL OF MY FORMER EMPLOYERS OR ANY INDIVIDUALS FAMILIAR WITH ME OR MY EMPLOYMENT BACKGROUND FOR THE PURPOSE OF VERIFYING ANY INFORMATION I HAVE PROVIDED AND/OR FOR THE PURPOSE OF OBTAINING ANY INFORMATION, WHETHER FAVORABLE OR UNFAVORABLE, ABOUT ME OR MY EMPLOYMENT. I VOLUNTARILY AND KNOWINGLY RELEASE AND HOLD HARMLESS ANY PERSON OR ORGANIZATION THAT PROVIDES INFORMATION PERTAINING TO ME OR MY EMPLOYMENT.

THIS APPLICATION IS CURRENT FOR ONLY (60) DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION.

Signature \_\_\_\_\_ Date \_\_\_\_\_

