



SUNNYSIDE HOUSING AUTHORITY

204 S. 13th St, Sunnyside, WA 98944 ~ 509-837-5454

Employment Application

An Equal Opportunity Employer

The Sunnyside Housing Authority is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Sunnyside Housing Authority.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

How were you referred to SHA? _____

Employment Positions

Position Applying for: _____

Temporary Work (summer or holiday) YES NO Date you can start? ____/____/____

Regular part time work YES NO Regular full time work? YES NO

What days and hours are you available for work? _____

If hired, on what date can you start? ____/____/____ Can you work weekends? YES NO

Can you work evenings? YES NO Are you available to work overtime? YES NO

Salary desired: \$ _____

Personal Information

Have you ever applied to or worked for SHA before? YES NO If yes, please explain (include date):

Do you have any friends, relatives, or acquaintances working for SHA? YES NO If yes, state name and relationship: _____

If hired, would you have transportation to/from work? YES NO

Are you over the age of 18? YES NO (If no, subject to verification of minimum legal age.)

If hired, able to present evidence that you legally can work in the United States? YES NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES NO

If no, describe the functions that cannot be performed: _____

Note: Sunnyside Housing Authority complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination depending upon his or her advancement through the hiring process and as permitted by law.

Education and Training

High School name: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment Beginning With Your Most Recent Employer

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Your Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Your Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Your Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Applicant Authorization and Employer Disclaimer

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by SHA that such employment with SHA is at will, for no specified duration and may be terminated by either SHA or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of SHA or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that if offered a position with SHA, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to SHA and/or its representatives and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____ Date: _____

Print Name: _____