

55 W. Mission Ave. Spokane, WA 99201 (509) 328-2953 Fax (509) 323-2364

## **EMPLOYMENT APPLICATION**

NOTICE: Read the job posting before filling out this application. Type or print legibly in ink. This application must be completed in full. A resume does not replace any section of this application. All statements are subject to verification. Keep a copy of your completed application and attachments as they will not be returned. Spokane Housing Authority is an Equal Opportunity and Affirmative Action Employer.

APPLICATION FOR				
Title of Position:				
APPLICANT INFORMATION				
Last Name:	First:		MI:	
Mailing Address:	City:	State:	Zip:	
Home Phone:	Daytime Phone:			
Email:				
PREVIOUS EMPLOYMENT WITH SPOKA	NE HOUSING AUTHORITY			
Have you previously been employed by Spo		′es 🗌 No		
Job Title: Date Employed: From		To		
LICENSES AND CERTIFICATES (List prof			instina Data	
Description	Issued By	Ехр	iration Date	
EDUCATION				
Circle highest grade completed: 8 9 10 1	1 12 Diploma GED Colle	ge: 1 2 3 4 Graduate	level  Yes  No	
TRADE SCHOOL, COLLEGE, OR UNIVERSITY Name and City	ACADEMIC MAJOR, SKILL OR TRADE		DEGREE OR CERTIFICATE	



**EMPLOYMENT HISTORY:** Respond completely to the information requested. Attempt to cover all the requirements listed in the job description and posting. List your most recent employment first. List all experience, paid and voluntary, related to the position for which you are applying. Include months, days, and years. Failure to provide all information required may result in rejection of your application. Supplemental pages may be used to expand on work history and/or education using the application format.

## Resumes will not be accepted in place of completing this application.

COMPANY NAME:	ADDRESS:		PHONE:	
DATES EMPLOYED (Mo/Day/Yr)	FROM:	TO:		
JOB TITLE:	SPECIFY DUTIES:			
NO. EMPLOYEES SUPERVISED:				
AVERAGE HOURS WORKED PER WEEK:				
FINAL SALARY: \$				
SUPERVISOR NAME:	REASON FOR LEAVING:		MAY WE CONTACT VES	THIS EMPLOYER  NO
COMPANY NAME:	ADDRESS:		PHONE:	
DATES EMPLOYED (Mo/Day/Yr)	FROM:	TO:		
JOB TITLE:	SPECIFY DUTIES:			
NO. EMPLOYEES SUPERVISED:				
AVERAGE HOURS WORKED PER WEEK:				
FINAL SALARY: \$				
SUPERVISOR NAME:	REASON FOR LEAVING:		MAY WE CONTACT	_
			☐ YES	∐ NO
COMPANY NAME:	ADDRESS:		PHONE:	
DATES EMPLOYED (Mo/Day/Yr)	FROM:	TO:		
JOB TITLE:	SPECIFY DUTIES:			
NO. EMPLOYEES SUPERVISED:				
AVERAGE HOURS WORKED PER WEEK:				
FINAL SALARY: \$				
SUPERVISOR NAME:	REASON FOR LEAVING:		MAY WE CONTACT  YES	THIS EMPLOYER
All the information I have provided correct, and complete. I understand termination or refusal of employment any information regarding my qualifical references (except as noted above) a conditional job offer is made, I aunderstand that employment is corbackground check.	in this application and in any attachat if I have provided false or inco.  I authorize employers, schools, of ations and character. I release Spot from any and all liability of damaggree to driver record check, cred	further qualifications achments or supp mplete statement or persons named okane Housing Au ges for receiving o it, and/or crimina	orting documents s, it will be justific in this application thority, all employer releasing informal background che	is true, ation for to give ers, and ation. If
Signature			Date	