



# Washoe Housing Authority

1588 Watasheamu Drive  
Gardnerville, NV 89460  
Office (775) 265-2410 Fax (775) 265-5293

## Employment Application

We consider applicants for all position without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. Please submit a separate application for each advertised open position.

### Applicant Information

Position Applying For:

Date:

Full Name:

(Last)

(First)

(Middle)

Address

City, State, Zip

Home Phone:

Cell Phone:

Email:

Desired Rate of Pay:

Are you 18 years or older? Yes No

Have you ever served in U.S. Military? Yes No

If yes, specify dates, branch, and type of discharge:

Are you Native American? Yes No

If yes, please specify the name of your tribe:

Have you had previous employment with WHA? Yes No

If yes, please provide date(s) and job title:

Have you ever been terminated from employment? Yes No

If yes, please explain:

### Education

High School:

Address:

Did you graduate? Yes No

If no, do you have a GED? Yes No

College:

Address:

Did you graduate? Yes No

Degree:

Other:

Address:

Did you graduate? Yes No

Degree:

**Previous Employment**

Company: Phone:  
Address: Supervisor:  
Job Title: Starting Pay: Ending Pay:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes No

Company: Phone:  
Address: Supervisor:  
Job Title: Starting Pay: Ending Pay:  
Responsibilities:  
From To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes No

Company: Phone:  
Address: Supervisor:  
Job Title: Starting Pay: Ending Pay:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes No

Company: Phone:  
Address: Supervisor:  
Job Title: Starting Pay: Ending Pay:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes No

I certify that answers given herein are true and complete to the best of my knowledge. I understand that Washoe Housing Authority is relying upon all of the representations, both written and oral, which I have made during the entire process of applying for employment with Washoe Housing Authority. I understand this application is not intended to be a contract of employment. Furthermore, I understand that just as I am free to resign at any time, Washoe Housing Authority reserves the right to terminate my employment at any time, with or without prior notice. In the event that I am employed by Washoe Housing Authority, I understand that if I make any false statements, misrepresentations, or omissions in this application process I may be discharged at any time during my employment and I agree to hold Washoe Housing Authority or any person named herein harmless in that event.

Signature:

Date:

## References

Full Name:

Relationship:

Company:

Phone:

Address:

Years Known:

Full Name:

Relationship:

Company:

Phone:

Address:

Years Known

Full Name:

Relationship:

Company:

Phone:

Address:

Years Known

### **Authorization to Release Information:**

*Having made an employment application for a position with Washoe Housing Authority, I wish them to be informed as to my previous record and character, to determine my qualifications and suitability for the position. For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of Washoe Housing Authority, upon presentation of this waiver, or a photo copy of this waiver, whether in person, mail, fax or other method of conveyance. This release is valid for a period of twelve months from the date of my signature. A photocopy of this waiver is a valid authorization to release my information.*

*Examples of types of information I am requesting that you provide include but are not limited to: Dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, interactions with customers and fellow employees, reason for leaving, education records, and/or other such information you may have concerning my qualifications and suitability. I hereby release you, as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, including officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage for whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance.*

Name:

Signature:

Date: