

Englewood Housing Authority

ENGLEWOOD HOUSING AUTHORITY

3460 South Sherman Street, Suite 101
Englewood, CO 80113

Phone: 303-761-6200
Fax: (303)781-5503

Position applied for: _____

Where did you hear about our position (please be specific)? _____

Personal Information

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ Other _____

E-mail address _____

If hired, can you provide proof that you are eligible to work in the United States? Yes No

If less than 18 years of age, can you provide required proof of your eligibility to work, such as a work permit or driver's license? Yes No

Has the City of Englewood or Englewood Housing Authority employed you in the past?
Yes No

Position & Department _____ Dates of previous employment _____

Please state the name and relationship of all relatives working for the City of Englewood or the Englewood Housing Authority.

Do you have a valid driver's license? Yes No If yes, please provide information below.

License Number _____ Class _____ State Issued _____ Endorsements _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Answering "Yes" does not automatically disqualify you, as the nature of the offense, date and job you are applying for will be considered.

Are you a veteran of the United States Military? Yes No

High school diploma, degrees, certifications, licenses or other specialized training or skills relevant to the position:

Employment History

Begin with present or most recent employer. Résumés may be attached as a supplement only.

Employer	Address	City	State	Zip Code
Job Title	Dates of Employment (month/year)	Beginning Pay	Ending Pay	
Supervisor's Name & Title	Telephone Number			
Reason for Leaving?	May we contact this employer? Yes ___ No ___			
Duties and Responsibilities				

Employer	Address	City	State	Zip Code
Job Title	Dates of Employment (month/year)	Beginning Pay	Ending Pay	
Supervisor's Name & Title	Telephone Number			
Reason for Leaving?	May we contact this employer? Yes ___ No ___			
Duties and Responsibilities				

Employer	Address	City	State	Zip Code
Job Title	Dates of Employment (month/year)	Beginning Pay	Ending Pay	
Supervisor's Name & Title	Telephone Number			
Reason for Leaving?	May we contact this employer? Yes ___ No ___			
Duties and Responsibilities				

Certification

I understand that any statement made on this application that is found to be false, or deliberately misleading, will be cause for rejection of this application or termination of employment, regardless of when discovered. I agree that all statements and information provided in this application may be investigated. I hereby authorize the companies, schools and/or persons named in this application to give any information regarding my employment experience, qualifications and characteristics. I also release said companies, schools and/or persons from all liability for any damage due to issuing this information. I understand that this application is not a contract of employment and that employment may be contingent upon successfully passing reference checks, a criminal background check, drug screen, and post-offer medical examination. I have read, understand and by my signature consent to the above statements.

Applicant Signature

Date