



1776 South West Temple
 Salt Lake City, Utah 84115
 VOICE 801-487-2161 FAX 801-428- 0582 TDD 801-487-3361

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Name _____ Date _____

Address _____

Email Address _____ Home Phone _____

Mobile Phone _____

Are you eligible to work in the U.S? Yes/No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes/No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? _____ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In/Advertisement/ Referral/Other _____

Have you ever worked for this company before? Yes/No Explain _____

Do you know anyone who works for our company? Yes/No If yes, who? _____

Do you have any relatives working for our company? Yes/No If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
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From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain:

Computer Skills (please describe): _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone Number	Company	Years Acquainted
1			
2			
3			



The Housing Authority of Salt Lake City is an equal opportunity employer. The Housing Authority of Salt Lake City does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. For accommodation information, or if you need special accommodations to complete the application process, please contact the human resources department at 801-487-2161.

CONSENT TO PROCUREMENT OF CONSUMER REPORT

I hereby authorize the Housing Authority of Salt Lake City to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, driving record, bank, credit union, credit report, criminal record and general public records history to the Housing Authority of Salt Lake City.

I release from all liability all persons, companies, schools supplying such information. I indemnify the Housing Authority of Salt Lake City against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

I understand that if I am extended an offer of employment it will be conditioned upon me successfully passing a drug screening. I hereby consent to a pre and/or post-employment drug screening as a condition to employment.

I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from the Housing Authority of Salt Lake City or termination of employment, depending on when results are received.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

I understand that my resume/application or subsequent employment does not create a contract of employment nor guarantee employment for any definite of time. If employed I understand I am free to leave the employment any time and that the Housing Authority of Salt Lake City may also end my employment at any time.

Printed Name: _____ Date: _____

Signature of Applicant: _____

Social Security Number: _____ Birthdate: _____

THIS APPLICATION IS VALID ONLY FOR 30 DAYS FROM THE DATE SIGNED/DATED ABOVE.