



Quinault Housing Authority

209 Spruce Street
P.O. Box 160
Taholah, WA 98587
Phone (360) 276-4320
Fax: (360) 276-4778

APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, marital or veterans' status, sexual orientation or any other legally protected status.

Personal Information

Name: _____

Address: _____

Telephone: _____ Message Phone: _____

Social Security Number: _____

Driver's License Number: _____ Exp. Date: _____

If you are under the age of 18 yrs old, are you able to provide us with required proof of your eligibility to work? Y N

Are you an enrolled American Indian? Y N Enrollment Number _____
If yes, please state name of your tribe _____

Have you been employed with us before? Y N
Are you currently on "lay off" status and subject to recall? Y N

Position applying for: #1 _____

#2 _____

Start Date _____ Are you able to work FULL TIME PART TIME TEMPORARY

Can you travel if the job requires it? Y N

Are you prevented from lawfully becoming employed in this country because of Visa of immigrant status? Y N (proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony in the last 7 years? Y N

If yes, please explain _____

(Conviction will not necessarily disqualify an applicant from employment)

Military Services Record

Were you in the US Armed Forces? Y N Branch _____ Date ___/___ to ___/___

Rank at Discharge _____ Type of Discharge _____

List duties and special trainings: _____

Education and Training

Are you presently attending school? Y N

FULL TIME

PART TIME

If yes, please describe course of study: _____

School	Name and Address of School	Course of Study	Year Completed	Did you graduate? Year?	List Diploma or Degree
High School			9 10 11 12 GED		
Colleges or Professional Trade School					
Seminars Workshops					

Employment History: Begin with your last job. If you do not want us to contact an employer listed below, please write DO NOT CONTACT on the line Reason for Leaving. Please fill out this part completely, including all information pertinent to the position(s) applying for.

Last/Current Job

Employer:	Phone #:	Supervisor:
Address:	City, State, Zip:	Salary: \$
Job Title:	From:	To:
Reason for Leaving: Not		
Job Duties:		

Job 2

Employer:	Phone #:	Supervisor:
Address:	City, State, Zip:	Salary:
Job Title:	From:	To:
Reason for Leaving:		
Job Duties:		

Job 3

Employer:	Phone #:	Supervisor:
Address:	City, State, Zip:	Salary:
Job Title:	From:	To:
Reason for Leaving:		
Job Duties:		

Personal References: List three (3) people not related to you and who has definite knowledge of your skills and qualification as related to the positions in which you are applying for.

Name and Occupation	Address	Phone Number

Employment Agreement: I hereby affirm that all answers and statement contained in this application form are true and complete to the best of my knowledge. I authorize Quinault Housing Authority to officially investigate any statement. I understand that any misrepresentation or omission of material fact is cause for dismissal from employment or cancellation of my application. I agree to complete all papers and examination as may be required for the job for which I am applying.

Signature: _____ **Date:** _____