



Housing Authority of the City of Bellingham

APPLICATION FOR EMPLOYMENT

Please provide all information requested by printing in ink or typing.
Applications **MUST** be completed in full. Incomplete applications will not be considered. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone
E-Mail Address	Are you legally entitled to work in the U.S.? Yes No			

POSITION

Position Desired	How did you learn about this position?	Available: Evenings Days Weekends
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accomodation? Yes No		
Have you previously been employed with Bellingham & Whatcom County Housing Authority? Yes No <i>(if yes, please explain)</i>	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No <i>If no, list the highest grade completed.</i>					
College, Technical or Business School, Military (Most recent first)					
Name and Location	Credits Earned		Graduated	Degree Earned	Major or Subject
	Quarterly / Semester Hours	Dates Attended			
			Yes No		
Occupational License, Certificate or Registration	Number		Where Issued		Exp. Date
Occupational License, Certificate or Registration	Number		Where Issued		Exp. Date
Languages Read, Written or Spoken Fluently Other Than English					
Professional Organizations of which you are a member:					

VETERAN INFORMATION: *(Most recent)*

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS: *(List all pertinent skills and equipment that you can operate)(Maximum 1000 characters)*

WORK EXPERIENCE: *Starting with your current or most recent position, list last 15 years of employment:
(You may attach a separate sheet, if needed. Please include voluntary work and military experience)*

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

Do you have any relatives employed by the Bellingham & Whatcom County Housing Authority? Yes No *(if yes, explain)*

Have you ever been discharged / fired, or asked to resign from a position? Yes No *(if yes, explain)*

List any periods of unemployment of 60 days or more and explain.

Do you possess a valid Driver's License? Yes No

License #

Exp. Date

REFERENCES

List three professional non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Email address	Occupation / Relationship	Years Known	Phone

Waiver and Acknowledgement

I certify that all my statements on this application are true and complete. I consent to and authorize agents of The Housing Authority of the City of Bellingham to ask for information concerning me. I release all persons and entities connected with any requests for information from all claims, liability and damages for whatever reason arising out of furnishing this information. Further, I authorize the release of information contained in this application if requested under open public records law. I understand and agree that any misrepresentation or omission by me on this application can be sufficient to disqualify me for employment or, if employed, can result in my dismissal. I also understand that failure to date and sign this form will also be grounds for non-consideration. If I accept a position with The Housing Authority of the City of Bellingham, I agree to comply with all of its policies and procedures. I understand that The Housing Authority of the City of Bellingham is a Drug-Free workplace; if hired, I may be subject to drug-testing.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Absent a contract provision to the contrary, I agree that if hired, both The Housing Authority of the City of Bellingham and I will be free to terminate my employment at any time, with or without cause or advance notice, and without compensation except for the time actually worked. I acknowledge that no contrary representations or promises are authorized or enforceable unless in a written employment agreement signed by an agent of The Housing Authority of the City of Bellingham.

I have read and understand the information contained in this application. I acknowledge and am familiar with the essential functions of this job.

Signature of Applicant _____ **Date** _____

The Housing Authority of the City of Bellingham is an Equal Employment Opportunity employer. We do not discriminate on the basis of age, sex, gender identity, marital status, race, creed, national origin, disability, or any protected status, in accordance with applicable federal and state laws.