

**FORT PECK HOUSING
AUTHORITY**

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS STREET CITY STATE ZIP

PERMANENT ADDRESS STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER YES NO PHONE NO. APARTMENT NO.

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR
IMMIGRATION STATUS YES NO

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE YES NO

IF YES WHAT TRIBE WHERE

ENROLLMENT NUMBER DATE OF BIRTH

ARE YOU A CITIZEN OF THE UNITED STATES YES NO
(IN MOST CASES, YOU MUST BE A CITIZEN TO BE HIRED. YOU MAY BE ASKED TO SUBMIT PROOF OF CITIZENSHIP.)

ARE YOU AVAILABLE TO WORK? FULL TIME PART TIME TEMPORARY

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START Salary DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

EVER WORKED FOR THIS COMPANY BEFORE? WHERE? WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY _____

WHO REFERRED YOU
TO THIS COMPANY _____

EMPLOYMENT AGENCY _____

NEWSPAPER _____

OTHER _____

STATE EMPLOYMENT OFFICE _____

COLLEGE PLACEMENT _____

WALK IN _____

FRIEND _____

TYPING _____

WORDS PER MINUTE _____

SHORTHAND _____

WORDS PER MINUTE _____

COMPUTER SKILLS (LIST PROGRAMS AND SOFTWARE BELOW) _____ YES _____ NO

LIST OTHER SKILL, TRAINING, CERTIFICATES, OR LICENSES THAT MAY HELP YOU GET THE JOB BELOW: (INCLUDE LANGUAGES, EQUIPMENT, ETC.)

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL				

HIGH SCHOOL _____

COLLEGE _____

TRADE BUSINESS OR
CORRESPONDENCE
SCHOOL _____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

EMPLOYMENT HISTORY (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____

MONTH

YEAR

LEAVING DATE _____

MONTH

YEAR

WEEKLY STARTING SALARY _____

WEEKLY FINAL SALARY _____

JOB TITLE _____

MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____

PHONE NO. _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

LEAVING DATE

MONTH

YEAR

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

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MONTH

YEAR

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME

ADDRESS

BUSINESS

YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE
RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

DATE
OBLIGATION ENDS

SPECIAL QUESTIONS

WERE YOU EVER SERIOUSLY INJURED? YES NO GIVE DETAILS

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS YES NO

DESCRIBE

FULL NAME AS IT APPEARS ON DRIVERS LICENSE

TYPE OF LICENSE

OPERATOR

COMMERCIAL

ABC

ENDORSEMENTS: (PLEASE INCLUDE CDL)

PASSENGER

MOTORCYCLE

OTHER

ANY SPECIAL DRIVING COURSES COMPLETED

I understand and agree that, I may be required to take one or more physical examination, drug test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, agents or employees from any claim arising in connection with the use of such test(s)

 Yes

 No

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

DATE

SIGNATURE
