

APPLICATION FOR EMPLOYMENT

BUFFALO HOUSING AUTHORITY
351 SOUTH CEDAR STREET
BUFFALO, WY 82834

IMPORTANT: Please follow these instructions exactly

- A. False statements are cause for rejection, removal from Eligible list, or dismissal.
- B. Avoid any reference to religion, politics, race or membership in fraternal order.
- C. Notify BHA of change of address or contact information
- D. TYPE OR PRINT IN BLACK INK ONLY

BUFFALO HOUSING AUTHORITY (BHA) IS AN EQUAL OPPORTUNITY EMPLOYER

Print Full Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____

When would you be available for work? _____ Position Desired _____

List any reason known to you why you might be unable to perform consistently and promptly any of the job duties for the position you have applied for

Are you under 18 years of age? ____ Yes ____ No ____ If yes, give date of birth _____

Can you legally work in the United States? ____ Yes ____ No. If not, please explain:

Are you related to anyone employed by BHA? (Who & How)

Have you ever worked for the BHA before? _____ if yes, when? _____

Do you have a valid driver's license? _____ State? _____ Class? _____ Commercial Driver's License? _____

Have you been convicted of a crime in the past ten years, excluding minor traffic offenses, which has not been annulled, expunged or sealed by a court? ____ Yes ____ No. If yes, describe in full:

Have you ever been a member of the Armed Services of the United States? _____

Date of Service _____ Branch _____ Rank _____

Can you type? _____ W.P.M. _____ What other types of equipment can you operate? _____

Education:

Names of High School, Universities, Business Schools or Trade Schools Attended	Location City & State	Dates of Attendance		Degree (if any) & year
		From Mo/Year	To Mo/Year	

Employer & Address Most recent first	Dates of Employment	Job Title & Supervisor	Type of Business	Wages	Why did you leave?
1.	From:	Title:		\$	
	To:	Supervisor:		Per:	
2.	From:	Title:		\$	
	To:	Supervisor:		Per:	
3.	From:	Title:		\$	
	To:	Supervisor:		Per	

REFERENCES: (Please do not include relatives.)

Name	Address	Phone	Length of time known	Relationship

In case of emergency, please notify:

Name	Address, City, State, Zip	Phone

I certify that the foregoing answers are correct to the best of my knowledge and belief. I authorize investigation of all statements contained in this application and any inquiry of references and previous employers. I also authorize the release of any request for information relating to this application.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

References contacted:

Previous employers contacted:

Verified by: _____ Date: _____

