



APPLICATION FOR EMPLOYMENT

White Mountain Apache Housing Authority

HUMAN RESOURCES DEPARTMENT

P.O. Box 1270 ▪ 50 W. Chinatown St.

Whiteriver, Arizona 85941

Phone: (928)338-4831 ▪ Fax: (928)338-4835

URL: wmahousingauthority.org

PERSONAL DATA

Position Applied For:		Social Security No.:		D.O.B.:	
Last Name:		First Name:			M.I.
Current Physical Address:		City:		State:	Zip Code:
Current Mailing Address:		City:		State:	Zip Code:
Marital Status:		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents:	
Home Phone:		Cell Phone:		Work/Message Phone:	
Are you registered with a federally recognized Indian Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Tribe?					
Are you the spouse of an enrolled White Mountain Apache Tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what rank and type of discharge:					
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give age:					
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever worked or volunteered for the White Mountain Apache Housing Authority (WMAHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates, department, and position:					
Are any of your relatives employed by WMAHA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give Name/Relationship:					
Driver's License No. & State:				Class:	
Commercial Driver's License No. & State:				Expiration:	
Please list other names you have used:					
Have you ever been discharged, requested or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstance(s):					

EDUCATION

Did you receive a High School Diploma? Yes No If no, list highest grade completed:

Did you receive a GED? Yes No If yes, when did you receive it?

College/University:	Major:	Degree:	Date:

Business/Vocational/Technical School:	Course Study:	Diploma/Hrs. Completed/Date:

List any specialized training, apprenticeship and skills you may have that relate to this position:

List any certificates or licenses that relate to this position:

List an equipment proficiencies/software/word processing application you are familiar with:

Fluent in a language other than English: Yes No If yes please list language(s):

Speaking:

Reading:

Writing:

OTHER

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of any type of theft or fraud? Yes No

If yes, identify the crime for which you were convicted, the dates of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

How did you hear about the job vacancy?

EMPLOYMENT HISTORY (Past 10 years)

Current or most recent employer:		Phone:
Address:		
Your Title:		Number of workers you directly supervised:
Employment dates	From (mo/yr):	To (mo/yr):
Supervisor's name/title:		
Starting Salary:	Present/Ending Salary:	Hours per week:
Work Performed:		
Reason for leaving or wanting to change:		
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT HISTORY (Past 10 years)		
Employer:		Phone:
Address:		
Your Title:		Number of workers you directly supervised:
Employment dates	From (mo/yr):	To (mo/yr):
Supervisor's name/title:		
Starting Salary:	Present/Ending Salary:	Hours per week:
Work Performed:		
Reason for leaving or wanting to change:		

EMPLOYMENT HISTORY (CONTINUED)

Employer:		Phone:	
Address:			
Your Title:		Number of workers you directly supervised:	
Employment dates	From (mo/yr):	To (mo/yr):	
Supervisor's name/title:			
Starting Salary:	Present/Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

Employer:		Phone:	
Address:			
Your Title:		Number of workers you directly supervised:	
Employment dates	From (mo/yr):	To (mo/yr):	
Supervisor's name/title:			
Starting Salary:	Present/Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

THREE REFERENCES

Name:	Phone:	Years known:	Occupation:

EMERGENCY CONTACT

Name:	Phone:	Relationship:

CONDITION OF CONSIDERATION FOR EMPLOYMENT

I certify that the information provided herein is true and complete to the best of my knowledge. If employed, I understand that false and misleading information given in my application, attachments, or interview may result in termination of employment. I also authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that an employment offer is contingent upon successful completion of any pre-employment medical examinations requested by the White Mountain Apache Housing Authority (WMAHA). I further understand that any condition that may preclude my ability to perform the essential functions of the job and such condition cannot be reasonably accommodated will disqualify me from consideration for employment in the job for which I applied. If employed, I also authorize WMAHA to conduct investigations as required for this position.

I understand that specific positions at WMAHA may require me to provide evidence of an acceptable driving record and a valid Arizona Driver's license.

I understand that employment with WMAHA is subject to a probationary period within which employment may be terminated at anytime by either party.

I agree to submit to a pre-employment drug test according to WMAHA Personnel Policy. If employed, I agree to submit to random alcohol and drug testing as directed by the WMAHA Human Resources and I understand that evidence of alcohol or drug use or abuse may result in suspension and/or discharge.

I understand that all conditions of employment including but not limited to hours, benefits, and salary are subject to change by the WMAHA at anytime.

If employed, I agree to abide by all policies, regulations, and guidelines established by the WMAHA.

Applicant Signature:

Date: