

Application for Employment

FARGO HOUSING AUTHORITY
P.O. BOX 430
FARGO, ND 58107-0430

PLEASE PRINT

JOB POSTING #: _____

Position(s) Applied For _____ Date of Application _____ / _____ / _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (____) _____ Social Security Number _____ - _____ - _____

Have you ever been employed by FHRA before?..... Yes No

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work..... _____ / _____ / _____

Type of employment desired? Full Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?..... Yes No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Driver's license number _____ State _____

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities		
Reason for leaving	Hourly Rate/Salary	Start \$ _____ per _____	Final \$ _____ per _____

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Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

Educational Background

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School			
College			
Other			

References

Name	Telephone	Years Known
	()	
	()	
	()	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The Employer is Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant _____

Date _____ / _____ / _____

***Please submit a resume**