



# EMPLOYMENT APPLICATION

## West Valley Housing Authority



AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Position Applied For: Maintenance Technician I Closing Date: Monday, March 18, 2019 4:30 pm

NAME: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS: \_\_\_\_\_  
(Number) (Street) (Apartment #)

\_\_\_\_\_  
(City) (State) (Zip Code)

TELEPHONE: \_\_\_\_\_ MESSAGE TELEPHONE: \_\_\_\_\_

West Valley Housing Authority is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

### GENERAL INFORMATION

1. If employed and under 18, can you furnish a work permit? Yes No
2. Have you ever been employed by West Valley Housing Authority? Yes No
3. Do you have any relatives employed by or on the Board of West Valley Housing Authority? Yes No  
If answer is YES, give name: \_\_\_\_\_
4. Are you now employed? Yes No If the answer is YES, give employer name: \_\_\_\_\_
5. **Are you prevented from lawful employment in this country because of Visa or Immigration status?** Yes No
6. Do you have a valid Oregon driver's license? Yes No  
If not, do you have a valid driver's license from another state? Yes No
7. Where did you hear about this position? \_\_\_\_\_
8. Can you perform the essential functions of the job for which you are now applying? Yes No
9. Are you available to work: Full-Time Part-Time Over-Time
10. Date available for employment: \_\_\_\_\_

### EDUCATION

School Name	Location	Grade Level Completed	Degree Received	Major
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED	

## SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

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Bi-lingual  
(English/Spanish) **Y/N**      **Read:** Spanish \_\_\_\_\_ **Speak:** Spanish \_\_\_\_\_ **Write:** Spanish \_\_\_\_\_

Types of computer software  
used, years of experience and  
level of expertise with software  
programs: \_\_\_\_\_

\_\_\_\_\_ Words per minute

Summarize special skills and qualifications, volunteer activities, military experiences, or other activities related to the job you are seeking (**employment experience must be listed under that section**):

## REFERENCES:

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List three (3) non-relatives who are familiar with your qualifications, your actual work history, and your abilities.

	NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	TELEPHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## EMPLOYMENT EXPERIENCE

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Start with your present or last job. List your last four jobs in order. Do not omit any job. Attach sheets if needed.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Your job position \_\_\_\_\_

Employed from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ FT  PT

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE** continued from page 2

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Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Your job position \_\_\_\_\_

Employed from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ FT  PT 

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Your job position \_\_\_\_\_

Employed from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ FT  PT 

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Your job position \_\_\_\_\_

Employed from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ FT  PT 

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications. I hereby authorize West Valley Housing Authority to undertake any and all official criminal background checks including DMV checks and to rely upon the information so obtained.

Yes       No

I will be responsible for familiarizing myself with all rules and regulations of West Valley Housing Authority as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of West Valley Housing Authority or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

Yes       No

I also understand that no representative of the West Valley Housing Authority has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Director of the West Valley Housing Authority.

Yes       No

**I have read, understand and agree with the above.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

*This application is good for only the position applied for:*

**Section 3 of the 1968 Housing and Urban Development Act**

The Housing Authority encourages residents of public housing programs to apply for employment. The Department of Housing and Urban Development (HUD) defines Section 3 residents as follows: a) a public housing resident; or b) a person residing in the area whose family income does not exceed 80% of the median income. Income limits as defined by HUD (4/14/2017) are shown below:

<u>Family Size</u>	<u>Income Limit</u>	<u>Family Size</u>	<u>Income Limit</u>
1 person	\$32,700	5 person	\$50,450
2 persons	\$37,400	6 persons	\$54,200
3 persons	\$42,050	7 persons	\$57,950
4 persons	\$46,700	8 persons	\$61,650

This information is requested in order to provide employment opportunities to low income people according to HUD regulations. Please certify by checking the applicable box(es) below:

I **am** a resident of Public Housing.  
 I **do** qualify as a Section 3 resident.

I **am not** a resident of Public Housing.  
 I **do not** qualify as a Section 3 resident.

Please return this form as part of the application packet for this position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VETERANS' PREFERENCE

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have specific questions, please contact West Valley Housing Authority Human Resources Department.

**Please complete this form and submit it along with your application materials.**

**Qualified Veterans:** You may claim veterans' preference if you check at least one of the boxes below and provide proof by submitting a copy of your DD-214 or 215 that reflects your "Honorable" separation status from Active Duty.

Preference will not be applied unless you submit the appropriate documentation at the time you submit your application materials.

### **ORS 408.225 (e)**

- I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability: or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or
- I served on active duty with the Armed forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions.
- I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

"Active Duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or National Guard unit.

**Qualified Disabled Veteran:** You may claim additional preference as a disabled veteran if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents: (1) A Copy of your Certificate of Release or Discharge from Active Duty (a Federal DD form 214/ DD form 215 that reflects your "honorable" separation status. And (2) A public employment preference letter from the United States Department of Veterans Affairs, unless the information is already included in your DD 214/215. You can order a preference letter by calling the United States Department of Veterans Affairs at 1-800-827-1000. Preference will not be applied unless you submit the appropriate documentation at the time you submit your application.

**ORS 408.225 (1)(3)-Disabled Veteran**

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
  
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
  
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim veterans' preference and certify that the above information is true and correct. I understand that any false statements or misrepresentations made by me may be cause for my disqualification or dismissal, regardless of when discovered.

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Position Applied for: