



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501

PH/TDD (541) 779-5785

FAX (541) 857-1118

IMPORTANT DIRECTIONS: Print or type. The information you provide will be used to determine if you meet minimum qualifications for the position. Resumes will not be considered as a substitute for completed applications. We will not contact you for clarification on portions of the application which are incomplete or illegible. Sign the application. Failure to observe these directions will result in your application not being considered for employment.

| | |
|---|---|
| Name and Address | POSITION APPLIED FOR: |
| Last First Middle Initial | _____ |
| Mailing Address | Use one application for each position for which you are applying. |
| City State Zip Code | |
| Phone Number(s) | |

Are you legally able to work in the United States? Yes No (Proof will be required upon hire)

On what date would you be available for work? _____

Are you available for work Full time Part time Shift work Temporary

Are you on layoff and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a valid Driver's License? Yes No State of Issue _____ Number _____

Have you ever been convicted of a felony? Yes No Date _____ Charge _____

Have you ever worked for the Housing Authority of Jackson County? Yes No If yes, when? _____

Have you ever participated in the Oregon Public Retirement System? Yes No

Are you willing to accept the starting salary stated in the job announcement? Yes No (If no, please specify amount) _____

How did you hear of this employment opportunity?

Friend Relative Walk Oregon Employment Dept.

Newspaper (which one?) _____ Other

The Housing Authority of Jackson County is committed to Equal Employment Opportunity, Diversity, and compliance with the Americans with Disabilities Act. Our commitment includes providing a respectful working environment that is free from discrimination and harassment in the workplace. This commitment is made by the HAJC in accordance with applicable Federal, state and Local Laws.

High School attended: _____ Location: _____

Graduated? Yes No If no, highest grade completed: _____ GED certificate? Yes No

SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED

| Business/Vocation Schools and/or College/University – Name and Location | From Mo/Yr | To Mo/Yr | Type of Degree or Certificate | Qtr Hrs Completed | Sem Hrs Completed |
|---|------------|----------|-------------------------------|-------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other certificates or degrees granted or **applicable registration or license numbers:** _____

If you are applying for a position requiring typing or shorthand, you **must** complete this certification:
 I hereby certify that I can type or take shorthand at the following speed: Net typing speed _____
 Net shorthand speed _____

SKILLS

Please indicate briefly any **related** skills that would further qualify you for this position. They need not be a result of past employment.

If you are applying for a classification requiring bilingual abilities, please complete this section.

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

EMPLOYMENT HISTORY – List below your work experience, paid or unpaid (volunteer work), beginning with your most recent job. Go back at least 10 years if you have worked that long. Give special attention to experience relating to the job for which you are applying. Incomplete descriptions may result in a low rating.

CURRENT OR LAST EMPLOYER (include reason for wanting to leave)

DATES FROM/TO _____ TOTAL TIME _____ years _____ months

NAME AND ADDRESS OF EMPLOYER _____

SUPERVISOR NAME & TITLE _____ Phone Number _____

RATE OF PAY START _____ FINISH _____ (MONTHLY RATES PLEASE)

REASON FOR LEAVING _____

YOUR TITLE _____ DUTIES (be specific) _____

May we contact this employer?

DATES FROM/TO _____ TOTAL TIME _____ years _____ months

NAME AND ADDRESS OF EMPLOYER _____

SUPERVISOR NAME & TITLE _____ Phone Number _____

RATE OF PAY START _____ FINISH _____ (MONTHLY RATES PLEASE)

REASON FOR LEAVING _____

YOUR TITLE _____ DUTIES (be specific) _____

May we contact this employer?

DATES FROM/TO _____ TOTAL TIME _____ years _____ months

NAME AND ADDRESS OF EMPLOYER _____

SUPERVISOR NAME & TITLE _____ Phone Number _____

RATE OF PAY START _____ FINISH _____ (MONTHLY RATES PLEASE)

REASON FOR LEAVING _____

YOUR TITLE _____ DUTIES (be specific) _____

May we contact this employer?

DATES FROM/TO _____ TOTAL TIME _____ years _____ months

NAME AND ADDRESS OF EMPLOYER _____

SUPERVISOR NAME & TITLE _____ Phone Number _____

RATE OF PAY START _____ FINISH _____ (MONTHLY RATES PLEASE)

REASON FOR LEAVING _____

YOUR TITLE _____ DUTIES (be specific) _____

May we contact this employer?

CERTIFICATE OF APPLICANT

1. I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact in this application or in any other required documents, as well as any misleading statements or omissions, may be cause of denial of employment or immediate termination, regardless of how or when discovered.
2. I understand that the Housing Authority of Jackson County may conduct a criminal background investigation, check my driving record, or contact my present or past employers if necessary.
3. I authorize the investigation of all matters which the Housing Authority of Jackson County deems relevant to my qualifications for employment, including all statements contained in this application and employment history. I release the Housing Authority of Jackson County as well as any other agency, school or company contacted from any liability or damage which may result from obtaining the information requested.
4. I have read and understand the above statements.

SIGNATURE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____

PHONE _____ MESSAGE PHONE _____

EMAIL ADDRESS _____