



Equal Opportunity Employer

Boise City/Ada County Housing Authority  
1276 West River Street, Suite 300  
Boise, Idaho 83702  
Phone: 208-345-4907  
Fax: 208-345-4909

# Application for Employment

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about us? \_\_\_\_\_

## **PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Best time and number to contact \_\_\_\_\_

Email Address \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
Yes  No  *Proof of citizenship or immigration status will be required upon employment*

## **EMPLOYMENT DESIRED:**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you currently employed? Yes  No  If yes, may we contact your present employer? Yes  No

Have you ever applied to Boise City/Ada County Housing Authority before? Yes  No  When? \_\_\_\_\_

Do any of your friends or relatives work here? Yes  No

Are you currently on "lay off" status and subject to recall? Yes  No  Are you bondable? Yes  No

Have you been convicted of or pleaded guilty to a misdemeanor or felony offense? Include military service convictions. Do not include arrests that have not resulted in criminal prosecution Yes  No  If YES, this will not necessarily preclude employment. If YES, please explain \_\_\_\_\_

## **EDUCATION:**

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree Received
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Foreign Languages	
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**EMPLOYMENT EXPERIENCE:**

Date Month & Year	Employer (City & State) Supervisor & Phone	Salary	Title & Duties	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

❖ *Please attach a separate piece of paper if additional space is required*

**VETERAN'S PREFERENCE:**

Date Entered Military Service	Date Separated	Branch of Service
If you claim war veteran's preference complete either Item A, B, C		
Type of Discharge	Type of Discharge	Type of Discharge
<p><b>Item A</b> Are you a resident of Idaho? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Item B</b> Are you a resident of Idaho? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Percent of Disability _____%</p> <p>Do you receive pension or compensation for non-service connected disabilities?</p>	<p><b>Item C</b> Disabled? _____ Deceased? _____</p> <p>If disabled type of discharge war veteran received? _____</p> <p>If war veteran is deceased, have you remarried? _____</p> <p>Are you a resident of Idaho? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**REFERENCES: (Please include at least two professional/work related references)**

Name	Address & Phone	Business	Relationship	Years Acquainted
1.				
2.				
3.				

Authorize & Release: I authorize Boise City/Ada County Housing Authority to conduct an investigation of my qualifications for employment. I realized the investigation will include contacting prior employers or other third party agencies to release all information about me to BCACHA and I release any and all persons and parties connected with the investigation from any and all claims or damages arising from the furnishing of information as part of that investigation.

I certify all the information submitted by me on this application is true, correct and complete. I also certify I have accounted for all of my work, experience and training on this application and I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I agree to abide by BCACHA rules, regulations and policies. I understand that discovery of misrepresentations or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal.

I have read and reviewed the description of the job for which I am applying. I understand I must be capable of performing the essential functions of the job effectively and safely with or without reasonable accommodation.

By signing this agreement you hereby wave your rights regarding BCACHA drug testing policy. BCACHA has established a pre-employment drug testing policy. Pre-employment testing of applicants: as a condition of hiring, applicants will be required to submit to a pre-employment drug test conducted by the Housing Authority's representatives. Applicants will provide a urine sample for drug testing. The test results will be maintained in a confidential file, and only released to the Housing Authority, its representatives, or as otherwise authorized or required by law. The applicant releases BCACHA and its representatives from all liabilities relating to the drug testing carried out under this policy, including without limitation, the release of the test results. Any applicant who fails to report for a test, refused to take a test, fails to provide a specimen, tampers with a test specimen or who is identified with verified positive test results will be denied employment at that time. Applicants identified with verified positive test results may reapply after one (1) year from the date of the initial test with proof of successful completion of a rehabilitation program through a state-licensed facility.

I understand this is an application for employment and no employment contract, either express or implied, is being offered. I also understand if employed, such employment is for an indefinite period and can be terminated at will by either party with or without notice, at any time, for any or no reason, and is subjected to change in wages, conditions, benefits, and operation policies.

Date: \_\_\_\_\_

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