

HOUSING AUTHORITY OF THE CITY OF RENO

1525 EAST NINTH STREET - RENO, NEVADA 89512-3012 (775) 329-3630 TTY (385) 770-7166

APPLICATION FOR

EMPLOYMENT

Equal Opportunity/Affirmative Action Employer

Applications may be submitted by email to: <u>HR@renoha.org</u>, or mailed to 1525 East 9th Street, Reno NV 89521, or dropped off at 1525 East 9th Street, Reno NV 89521 during regular business hours.

IMPORTANT NOTICE: READ THIS APPLICATION THOROUGHLY AND COMPLETE IT CAREFULLY AND HONESTLY. The Housing Authority of the City of Reno ("RHA") performs a detailed background and pre-employment investigation process which frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process find any inaccurate or incomplete information, it may result in either your application being disqualified from consideration for employment or termination if the inaccuracies are discovered subsequent to employment by RHA. A record of conviction will not necessarily bar the applicant from employment and the Housing Authority of the City of Reno will consider factors such as: 1) the length of time that has passed since the offense; 2) the age of the applicant at the time of the offense; 3) the severity and nature of the offense; 4) the relationship of the offense to the position for which the applicant has applied; and 5) evidence of the rehabilitation of the applicant.

Please type or print in ink.

				-				
TITLE: Position for whi	ch you are applying					DATE:		
NAME: Last Name	, First Name							
	ou have used or currently use, ir social or professional activition <u>Circumstances</u>				age names, ma	arried names, or any name	s used by you	
MAILING ADDRESS:	Street, City, State, Zip Cod	le						
Home Phone	Message/Cell Phone Email Address			nail Address	Date would be available for employment (month/day/year)			
If Drivers License is required f Do you have a valid Driver's Li Yes		nat Issued	Expiration D	Pate				
List names of any relative	ves employed by RHA:			Have you been What position?	n employed by ?	RHA before? Date	_	
Are you legally eligible	for employment in this country	? ☐ Yes	□ No F	Proof of citizensh	hip or immigrat	tion status will be required	prior to employment.	
High School	l: Did you graduate?	☐ Yes	☐ No		If not, have yo	☐ Yes ☐ No		
	Name and location of colleges or trade schools attended				ate number s completed	Areas of study	Degrees or certificates received	
Any specialized training	g, apprenticeships, on-the-job,	or military	training:					

Page 1 of 4 STK #33016 03/08/2018

WORK EXPERIENCE: **Beginning with your most recent job**, list each job separately. List all jobs and any period of unemployment, relevant volunteer work or military service in the last 10 years. Also list any jobs you held more than 10 years ago which relate to the job for which you are applying, and indicate the number of hours per week that you worked. Also, you may list any volunteer experience which relates to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. If more space is needed to describe employment history, attach additional employment history forms.

DO NOT substitute a resume for this application; resumes may be attached only for additional information. Do NOT attach samples of work, awards, letters, etc. Attach certificates, license copies, etc., **only if required by job announcement.** RHA will verify employment history prior to final consideration of an applicant. **Fill out completely; do not use "see attachments."**

Please type or print in ink. Type of Business Name of Employer Name Under Which You Were Employed Address Phone (May We Contact? Reason for Leaving Name of Supervisor Employed From: _____ Mo. ____ Yr. Hrs. Per Week Title of Position Held To:_____Mo.___ Yr. Please identify most important tasks/duties performed and percentage of time spent on each task. **Description of Task** Approx. % of Time Number of employees you supervised: Equipment/Software used: Name Under Which You Were Employed Type of Business Name of Employer Address Phone (Reason for Leaving May We Contact? Name of Supervisor **Title of Position Held** From:______Mo._____Yr. Hrs. Per Week **Employed** _Mo.___ __Yr. Please identify most important tasks/duties performed and percentage of time spent on each task. **Description of Task** Approx. % of Time

Page 2 of 4 STK #33016 03/08/2018

Equipment/Software used:

Number of employees you supervised:_____

Name of Employer	Name Under Which You Were Employed			Type of Business				
Address	l				Phone ()			
Reason for Leaving		May We Co	ontact?		Name of Supervisor			
Title of Position Held	Employed Fro	om:	Mo	Yr.	Hrs. Per Week			
	To:MoYr.							
Please identify most important tasks/duties performed and percentage of time spent on each task.								
	Description	on of Task				Approx. % of Time		
-								
-								
Number of employees you supervised:	Equipm	nent/Softwar	e used:					
	Name Under Which You Were Employed							
Name of Employer	Name Under W	hich You W	ere Employed		Type of Business			
Name of Employer Address	Name Under W	hich You W	ere Employed		Type of Business Phone ()			
	Name Under W	hich You W						
Address	Name Under W	May We Co	ontact?	Yr.	Phone () Name of Supervisor			
Address Reason for Leaving	Employed Fro	May We Co	ontact?		Phone () Name of Supervisor			
Address Reason for Leaving	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor			
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		
Address Reason for Leaving Title of Position Held	Employed Fro	May We Co om: To:	ontact? Mo _Mo	Yr.	Phone () Name of Supervisor	Approx. % of Time		

Note: Applicant is responsible for providing photocopies of resumes or other required materials. **We will not make photocopies for you.** This application form and any attachments will become official property of RHA and cannot be returned, reused or copied after being submitted. You should retain a copy of your completed application for your records.

Page **3** of 4 STK #33016 03/08/2018

SKILLS & QUALIFICATIONS — Check appropriate box(es) and list relevant information (i.e., speed, program name, years of experience, etc.)								
☐ Word processing, spreadsheet, other software programs experience: ☐ Carpentry, years:								
□ Drywall, years:								
			☐ Electrical, years:					
			☐ Irrigation, years:					
			Landscaping, years:					
			☐ Plumbing, years:					
			Refrigeration, years:					
			Other, years:					
Describe any other experience, job-related knowledg	a akilla ahilitiga ar aradan	tiolo that qualify you for the	position applied for					
List job-related certifications, licenses, and other spe		mais that quality you for the	position applied to:					
Number of years of supervisory experience:		Use additional paper, if necessary, to answer questions completely.						
References. Give names, addresses and telephor	ne numbers of three prof			•				
Name	Mailing	g Address	Telephone Number(s) and Email a	iddress				
	Applican	t's Statement						
I certify that all statements and information provided in this	application are true and com	olete to the best of mv knowled	de. I understand that any misstatements.					
Omissions or falsification of this information will be grounds for			•	Initials				
Lundovetend that all statements made by me in connection with this smallesting for construct which the DUA Land C. D. D. C.								
I understand that all statements made by me in connection with this application for employment may be checked by RHA. I authorize RHA to contact my prior employers, including each of those references listed above, and other sources of information regarding my background, and I hereby authorize and direct each such employer and source of information to release any and all information concerning my previous employment, personal or otherwise, including, but not limited to, any criminal conviction on my record, employment security information or state industrial insurance information. Moreover, I hereby indemnify the Reno Housing Authority, any agent acting on its behalf, each of my prior employers listed above and each of the other sources of information contacted and agree to hold them harmless from any and all claims or damage								
arising from this authorization and direction to issue su		•		Initials				
I understand that pre-employment drug testing is required as a condition of employment. If employed, I agree to conform to the rules and								
regulations of RHA.				Initials				
I understand that this application will only be considered "active" for 60 calendar days from the date of application. If I have not obtained employment with RHA within those 60 days, but remain interested in obtaining employment with RHA, I understand that I must complete a new application for any								
other job openings.				Initials				
I understand that neither this document nor any off document to that effect is executed by the employer ar		e employer constitute an er	mployment contract unless a specific					
	, ,			Initials				
Signature (DO NOT PRINT)			Date					

Page **4** of 4 STK #33016 03/08/2018