



PASO ROBLES HOUSING AUTHORITY

901 30th Street Paso Robles, CA 93446
Office: 805-238-4015 Fax: 805-238-4036
www.pasoroblesha.org

Employment Application

(Please type or print in ink)

Position : _____

Name: _____ Date: _____

Address: _____ Home Phone: _____ Other Phone: _____

City: _____ CA Driver's License No: _____

1. Are you a U.S. citizen or have the legal right to remain permanently in the U. S. ? _____.

2. Do you have any physical condition which may limit your ability to perform the job applied for? If so, please describe: _____.

3. Are there any factors that would prevent you from consistently working a regular 40 hour week? If so, please describe. _____.

4. Have you ever been convicted of a felony or misdemeanor? If so, please list each offense, show date, location and penalties: _____.

5. Has your Driver's License ever been restricted, suspended or cancelled? If so, please explain: _____.

6. Were you ever discharged from any employment or forced to resign? If so, please explain: _____.

7. Educational Background:
High School: _____ City: _____ Year Graduated: _____
College _____ City: _____ Year Graduated: _____

8. Are you related to any past or current Housing Authority employee, tenant or Board Member? If so, please name: _____.

EMPLOYMENT HISTORY:

May we contact your present or past employer for references? If not, please explain:

Present Employer:

From: _____ Employer's Name: _____

To: _____ Address: _____

Title: _____ Name of Supervisor: _____

Hours Per Week: _____ Salary: _____ Phone # _____

Duties Performed: _____

Reason for Leaving: _____

List all other recent employment:

From: _____ Employer's Name: _____

To: _____ Address: _____

Title: _____ Name of Supervisor: _____

Hours Per Week: _____ Salary: _____ Phone # _____

Duties Performed: _____

Reason for Leaving: _____

From: _____ Employer's Name: _____

To: _____ Address: _____

Title: _____ Name of Supervisor: _____

Hours Per Week: _____ Salary: _____ Phone # _____

Duties Performed: _____

Reason for Leaving: _____

From: _____ Employer's Name: _____
To: _____ Address: _____
Title: _____ Name of Supervisor: _____
Hours Per Week: _____ Salary: _____ Phone # _____
Duties Performed: _____

Reason for Leaving: _____

From: _____ Employer's Name: _____
To: _____ Address: _____
Title: _____ Name of Supervisor: _____
Hours Per Week: _____ Salary: _____ Phone # _____
Duties Performed: _____

Reason for Leaving: _____

PERSONAL REFERENCES: (Do not list relatives)

1. Name: _____ Occupation: _____
Address: _____ Phone: _____
2. Name: _____ Occupation: _____
Address: _____ Phone: _____
3. Name: _____ Occupation: _____
Address: _____ Phone: _____

CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand any false statements made on this application will constitute a basis for disqualification or dismissal. I authorize the verification of the items submitted on my application and the obtaining of a credit report and criminal background check.

Signature Date

(A resume or other supporting information may be attached to this application)