

# APPLICATION FOR EMPLOYMENT

# Pre-Employment Questionnaire

## ROUND VALLEY INDIAN HOUSING AUTHORITY

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
MAILING ADDRESS	CITY	STATE	ZIP	PHONE NO.
PHYSICAL ADDRESS	CITY	STATE	ZIP	CA. CDL/ID NO. W/Expiration date
DATE OF BIRTH	AGE	TRIBAL AFFILIATION		ROLL NO.

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Name, Address & Phone No.	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?	HAVE YOU EVER WORKED FOR THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?	
REASON FOR LEAVING?		
NAME OF SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY <input type="checkbox"/> AD/POSTING <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

EDUCATION		No of Yrs.	Did You	SUBJECTS STUDIED
SCHOOL LEVEL	NAME/LOCATION OF SCHOOL	Attended	Graduate	
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

## FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH MOST RECENT

NAME OF PRESENT/LAST EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

START DATE

LEAVE DATE

JOB TITLE

STARTING SALARY

FINAL SALARY

MAY WE CONTACT YOUR SUPERVISOR?

YES

NO

NAME OF SUPERVISOR

TITLE

PHONE NUMBER

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PRESENT/LAST EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

START DATE

LEAVE DATE

JOB TITLE

STARTING SALARY

FINAL SALARY

MAY WE CONTACT YOUR SUPERVISOR?

YES

NO

NAME OF SUPERVISOR

TITLE

PHONE NUMBER

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PRESENT/LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVE DATE	JOB TITLE	
START SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES			
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED?
1			
2			
3			

SERVICE RECORD	
BRANCH OF SERVICE	DISCHARGE DATE

<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHING THE LAST 5 YEARS? IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <hr/>
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**AUTHORIZATION**

**“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.**

**I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.**

**I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**