



CROW CREEK HOUSING AUTHORITY

P.O. Box 19 • Fort Thompson, SD 57339
Phone (605) 245-2250 • Fax (605) 245-2247

EMPLOYMENT APPLICATION

We consider applications for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status or any other legally protected status.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Mailing Address & Street Address (if different) Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you seeking: **Full-time** **Part-time** **Temporary**

Are you 18 years of age or older? YES ☐ NO ☐ Date of Birth: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Do you have a valid driver's license? YES ☐ NO ☐ If yes, please attach a copy: # _____

Can you travel if the job requires you to? YES ☐ NO ☐

Are you currently on "Lay-off" status? YES ☐ NO ☐ If yes, are you subject to recall? YES ☐ NO ☐

Are you an enrolled member? YES ☐ NO ☐ If yes, please attach a copy of enrollment card

Have you worked or attended school under any other names? YES ☐ NO ☐ If yes, give names: _____

Have you ever been fired from a job or asked to resign? YES ☐ NO ☐ If yes, please explain: _____

Do you have a relative or spouse employed with CCHA? YES ☐ NO ☐ If yes, Whom: _____

Have you ever been convicted of a felony? YES ☐ NO ☐
If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Other

State any additional information you feel will be helpful to us in considering your application. _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that Crow Creek Housing Authority is a drug-free workplace. Under Crow Creek Housing Authority drug testing policy, all prospective employees must submit to the drug testing.

Signature: _____ Date: _____



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AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

(To be completed by applicant)

"I hereby authorize the release of only criminal conviction records on file regarding me to the Crow Creek Housing Authority. This includes, but is not limited to, local, Tribal, State and Federal Agencies."

NAME: _____ DOB: _____ SS # _____

Other names used (i.e., maiden, first or last names, nicknames, etc.)

Present Address: _____

Period of Residence: From: _____ To: _____

Previous Address: _____

Period of Residence: From: _____ To: _____

Previous Address: _____

Period of Residence: From: _____ To: _____

This records identified above will be used for screening purposes for employment purposes. I understand that Crow Creek Housing Authority may deny my application for employment based on the type and/or severity of a criminal conviction.

Applicant Signature: _____

Date: _____