

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.

Name of Employer		Name Under Which You Were Employed		Type of Business	
Address				Phone ()	
Reason for Leaving			May We Contact?		Name of Supervisor
Title of Position Held		Employed From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr.		Hrs. Per Week	
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 of Employer		Name Under Which You Were Employed		Type of Business	
Address				Phone ()	
Reason for Leaving			May We Contact?		Name of Supervisor
Title of Position Held		Employed From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr.		Hrs. Per Week	
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 of Employer	Name Under Which You Were Employed	Type of Business	
Address		Phone ()	
Reason for Leaving	May We Contact?	Name of Supervisor	
Title of Position Held	Employed From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr.	Hrs. Per Week	

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 of Employer	Name Under Which You Were Employed	Type of Business	
Address		Phone ()	
Reason for Leaving	May We Contact?	Name of Supervisor	
Title of Position Held	Employed From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr.	Hrs. Per Week	

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:

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.

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:

Describe any other experience, job-related knowledge, skills, abilities or credentials that qualify you for the position applied for:

List **job-related** certifications, licenses, and other special abilities, etc.

Number of years of supervisory experience:

Use additional paper, if necessary, to answer questions completely.

References. Give names, addresses and telephone numbers of three professional references who are not related to you.

Name	Mailing Address	Telephone Number(s) and Email address

Applicant's Statement

I certify that all statements and information provided in this application are true and complete to the best of my knowledge. I understand that any misstatements, Omissions or falsification of this information will be grounds for rejection of my application and/or dismissal if discovered after I may be hired.

_____ Initials

I understand that all statements made by me in connection with this application for employment may be checked by WAHC. I **authorize WAHC 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 Washoe Affordable Housing Corporation, 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 such information.

_____ 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 WAHC.

_____ 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 WAHC within those 60 days, but remain interested in obtaining employment with WAHC, I understand that I must complete a new application for any other job openings.

_____ Initials

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

_____ Initials

Signature (DO NOT PRINT) _____

Date _____