



Housing Authority of Trempealeau County

36358 Main St., P.O. Box 295, Whitehall, WI 54773

Telephone: 715-538-2274 Fax: 715-538-2392

"This institution is an equal opportunity provider and employer"



Handicap/disabled, regardless of age

Curtis Johnson, Chairman
Karen Witte, Vice-Chairman

Frances Manka, Executive Director
Scott Brown
Sherry Brasda

Application for Employment

Position applying for: _____

Personal Information

Last Name	First Name
Address	City, State, Zip
Telephone	Email

- Have you applied with us before?
If yes, when? _____ Yes _____ No
- Were you previously employed with us?
If yes, when? _____ Yes _____ No
- Were you previously employed with any Wisconsin Retirement
System employer? If yes, provide employer name and employment
dates. _____ Yes _____ No
- Are you legally eligible to work in the United States? _____ Yes _____ No
- Do you have a valid driver's license? _____ Yes _____ No
- Have you read the job description for which you are applying?
(Refer to job description) _____ Yes _____ No
- When are you available to begin employment? _____

Education

	Name and Address of School	Course of Study	Years Attended	Diploma Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Employment Experience

Describe your employment experience that relates to the position you are seeking. Start with your most recent job experience. Include relevant volunteer activities or job-related military service assignments.

May we contact the employer's you have listed on this application? _____ Yes _____ No

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

How long did you work for this employer? From _____ to _____

Reason for Leaving: _____

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

How long did you work for this employer? From _____ to _____

Reason for Leaving: _____

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

How long did you work for this employer? From _____ to _____

Reason for Leaving: _____

- Please continue on a separate sheet of paper if you need additional space.

Training & Skills

List fields of work, internships, specific courses, workshops, training, experience or skills you may have had that relate to the position you are applying for:

References

Name	Address	Telephone Number	Occupation

- You may attach your resume to this application.

Please read and sign:

The facts that I have placed in this application for employment are complete and true. I understand that if I am employed by the Housing Authority of Trempealeau County, false statements in this application shall be considered sufficient cause for dismissal.

Applicant Signature

Date

Open Records Law Statement:

My name and other pertinent information can be released to the general public and to the news media if this information is requested in accordance with the Wisconsin Open Records Law.

Please initial to indicate: _____ Yes _____ No

The Housing Authority of Trempealeau County is an Equal Opportunity Employer

We consider applicants for all positions regardless of race, color, religion,
sex (including pregnancy), national origin, age, genetics, marital status or veteran status

Acknowledgement for Employment

I certify that the information provided on this application is true and correct without any omissions of any kind. I understand that if any of the information provided is found to be incomplete, misleading or incorrect this application will be void. I understand that if I am hired based on this application and it is later discovered that information was omitted or the information provided was incomplete, misleading or incorrect my employment with the Housing Authority of Trempealeau County may be terminated. I agree the Housing Authority of Trempealeau County will not be held liable if my employment is terminated because of omitted, false, incomplete or misleading information provided with this application.

I have read and understand the description of the job I am applying for and I certify that I am able to and will perform all the required functions of the job.

Applicant Signature

Date

Authorization for Release of Information

I authorize former employers, companies, schools, agencies, municipalities or persons to provide the Housing Authority of Trempealeau County any information requested regarding my employment, character, experience, qualifications and/or suitability for employment with the Housing Authority of Trempealeau County. Also, I understand that the Housing Authority of Trempealeau County will conduct a background check for the purpose of determining my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is obtained with confidentiality and will not be released to me in any form whatsoever.

I understand that a copy of this authorization is as valid as the original.

Applicant Signature

Date