

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

La Grande, OR

Office Location

2608 May Lane



PHONE: 541-963-5360

800-452-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: info@neoha.org

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24 CFR, pt 811.1/2013)

Application for Employment

DATE:

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Last name _____ First name _____ Middle _____

Street Address _____

City _____ State _____ ZIP _____

Social Security # _____ - _____ - _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

Driver license # _____ State of issue _____ Expiration date _____

Commercial license CDL? Yes No

Are you a Veteran? Yes No

Are you applying for Veteran's Preference? Yes No

If yes, please attach a DD214 which shows an honorable discharge to your application.

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment with **NORTHEAST OREGON HOUSING AUTHORITY?** Yes No
When? _____

Have you ever been employed by **NORTHEAST OREGON HOUSING AUTHORITY?** Yes No
When? _____

List name & relationship of any relatives you have on the NEOHA Board of Commissioners or who are employed by NEOHA None

Are you presently employed? Yes No

May we contact your present employer? Yes No

Are you available for full-time work? Yes No

Are you available for part-time work? Yes No

Will you consent to job required travel? Yes No Will you consent to job required overtime? Yes No

Date you can start _____

Desired position _____ Desired starting salary _____

Education

Do you have a High School diploma? Yes No a GED Certificate Yes No

Have you attended the following? School Name and Location Major Degree
College / Community College Yes No _____.

Did you graduate? Yes No

Business / Trade School Yes No _____.

Did you graduate? Yes No

List any current professional / vocational licenses, certificates, registrations. _____.

_____.

_____.

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

_____.

_____.

_____.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

_____.

_____.

Employment History (*Start with most recent employer*)

Company Name _____.

Address _____.

Name of Supervisor _____ Telephone _____.

Date Started _____ Starting Position _____.

Date Ended _____ Ending Position _____.

May we contact? Yes No

Responsibilities _____.

_____.

_____.

_____.

Reason for leaving _____.

_____.

_____.

_____.

Employment History

Company Name _____.

Address _____.

Name of Supervisor _____ Telephone _____.

Date Started _____ . Starting Position _____.

Date Ended _____ . Ending Position _____.

May we contact? Yes No

Responsibilities _____.

_____.

Reason for leaving _____.

_____.

Employment History

Company Name _____.

Address _____.

Name of Supervisor _____ Telephone _____.

Date Started _____ . Starting Position _____.

Date Ended _____ . Ending Position _____.

May we contact? Yes No

Responsibilities _____.

_____.

Reason for leaving _____.

_____.

Employment History

Company Name _____.

Address _____.

Name of Supervisor _____ Telephone _____.

Date Started _____ . Starting Position _____.

Date Ended _____ . Ending Position _____.

May we contact? Yes No

Responsibilities _____.

_____.

Reason for leaving _____.

_____.

References

List three personal references, *not related to you*, who have known you for more than one year.

Name _____ . Phone _____ . Years Known _____ .

Address _____ .

Name _____ . Phone _____ . Years Known _____ .

Address _____ .

Name _____ . Phone _____ . Years Known _____ .

Address _____ .

Emergency Contact

In case of emergency, please notify:

Name _____ . Phone _____ .

Address _____ .

Name _____ . Phone _____ .

Address _____ .

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I understand that should an investigation disclose untruthful or misleading information, my application may be rejected, my name removed from consideration or my employment terminated.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

Northeast Oregon Housing Authority is an Equal Opportunity Employer and shall not discriminate against an employee or applicant for employment. No person shall, on the ground of race, color, sex, age, religion, national or ethnic origin, familial status, disability, source of income, or marital status be subjected to discrimination by the Northeast Oregon Housing Authority.

No qualified person with disabilities shall solely on the basis of a disability be subjected to discrimination in employment.

If you believe you have been discriminated against, you should notify the NEOHA Equal Employment Officer, the Equal Employment Opportunity Commission or the Oregon Human Rights Commission

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____ .

Address _____ City, State, Zip _____ .

Telephone _____ . Cell phone _____ .

e-mail _____ Message name/number _____ .

PLEASE ATTACH CURRENT RESUME TO THIS APPLICATION