



Jefferson Village Apartments
222 East 2nd Street
Watkins Glen, NY 14891
(t) 607-535-2640 | (f) 607-535-2089
Info@WatkinsGlenHA.org | www.WatkinsGlenHA.org

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # (____) _____ Mobile Phone # (____) _____

Are you eligible to work in the U.S? ___Yes ___No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) ___Yes ___No

Have you ever been terminated from employment or asked to resign by an employer? ___Yes ___No

If yes, please provide company names and details

Can you work any shift? ___Yes ___No

Can you work overtime, including weekends? ___Yes ___No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___Yes ___No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? _____

If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? (Circle One) Walk In **Advertisement Referral Other**

Do you know anyone who works for our company? ___Yes ___No

If yes, who? _____

EDUCATION

**Name
and
location**

**No. of
yrs.
Attended**

**Degree
Received**

**Subjects
studied/Major**

High School

College or University

Trade, Business or
Correspondence School

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills/Register Skills (please describe):

EMPLOYMENT HISTORY Include your last three (3) positions, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. Please do not write "SEE RESUME" in the employment history section.*

From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Telephone ()
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Reason for leaving

From

To

Employer

Telephone

()

Job Title

Address

Immediate supervisor and title

Summarize the nature of work performed and job responsibilities

Reason for leaving

PROFESSIONAL REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years. (Former Supervisor, Professor, Coworker)

Name

Address, Phone, Email

Company

Years Acquainted

1

2

3

Please read carefully before signing.

Watkins Glen Housing Authority is an equal opportunity employer. WATKINS GLEN HOUSING AUTHORITY does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the WATKINS GLEN HOUSING AUTHORITY to hire me. If I am hired, I understand that either the WATKINS GLEN HOUSING AUTHORITY or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the WATKINS GLEN HOUSING AUTHORITY has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the WATKINS GLEN HOUSING AUTHORITY true and complete information on this application. No requested information has been concealed. I authorize the WATKINS GLEN HOUSING AUTHORITY to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THE APPLICATION WILL BE KEPT ON FILE IN ACCORDANCE WITH FEDERAL AND STATE EMPLOYMENT LAWS