



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla WA 99362

509-527-4542 * Fax 509-527-4574

Hearing-impaired, use statewide relay service 1-800-833-6384

www.wallawallaha.org *wwha@wallawallaha.org



EMPLOYMENT APPLICATION

**TYPE OR PRINT CLEARLY, USING BLUE OR BLACK INK
COMPLETE ALL QUESTIONS AND RETURN ALL PAGES**

Walla Walla Housing Authority (WWHA) is an equal employment opportunity employer. Qualified applicants will be considered for vacancies without regard to race, color, creed, religion, sex, national origin, nationality, ancestry, age, citizenship, marital status, sexual orientation, disability, atypical heredity cellular or blood trait, genetics or service in the United States Armed Forces. WWHA will reasonably accommodate the disabilities of qualified applicants to permit them to perform the essential functions of the subject positions. WWHA accepts applications for vacant positions only.

GENERAL INFORMATION

Position Applying For _____ Expected Rate of Pay _____

Preferred Hours: ☐ Full Time ☐ Part Time ☐ Temporary Date Available for Work _____

Applicant Name _____ Date _____

Complete Address _____

Home/Message Telephone _____ Work Telephone _____

May we contact you at work? ☐ YES ☐ NO

Do you have a valid driver's license? ☐ YES ☐ NO (Complete only if position requires driving)

Have you ever applied for employment or been hired by WWHA? ☐ YES ☐ NO

If "YES", please explain _____

Are you at least 18 years of age? ☐ YES ☐ NO (Proof required upon hire)

If under 18 years of age, can you submit a work permit? ☐ YES ☐ NO (Proof required upon hire)

Are you authorized to work in the United States? ☐ YES ☐ NO (Proof required upon hire)

Are you available: For travel, if a job function requires? ☐ YES ☐ NO

To work any shift, if necessary? ☐ YES ☐ NO

To work emergency shifts or be called in, if necessary? ☐ YES ☐ NO

Have you ever been convicted of, plead guilty or no contest to any criminal offense (except minor traffic violations) which have not been expunged or sealed by a Court? ☐ YES ☐ NO

If "YES", please explain_____

(A "YES" response does not automatically disqualify you for employment.)

Have you had any traffic violations within the past three (3) years?

☐ YES ☐ NO

(Complete only if position requires driving)

If "YES", please explain and include dates_____

SKILLS

Do you speak, read, write English?

☐ YES ☐ NO

Do you speak, read, write any other languages?

☐ YES ☐ NO

If "YES", list languages:_____

☐ Speak ☐ Read ☐ Write Fluency: ☐ Conversational ☐ Fluent

Please list all skills, abilities, or other qualifications you possess which relate to the position(s) you are applying for, including any training and experience regarding computers or other equipment.

List any job-related professional licenses you possess.

List any job-related certifications you possess.

EMPLOYMENT HISTORY

Please give an accurate and complete full-time and part-time employment record for the last ten (10) years. Start with your current or most recent employer. Include all gaps in employment. Include other employers on attached pages if more space is needed.

Company Name_____ Employed From_____ To_____

Address & Telephone_____

Position Held_____ Rate of Pay_____

Reason for Leaving_____

Duties_____

Company Name _____ Employed From _____ To _____

Address & Telephone _____

Position Held _____ Rate of Pay _____

Reason for Leaving _____

Duties _____

Company Name _____ Employed From _____ To _____

Address & Telephone _____

Position Held _____ Rate of Pay _____

Reason for Leaving _____

Duties _____

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Position Held _____ Rate of Pay _____

Reason for Leaving _____

Duties _____

Company Name _____ Employed From _____ To _____

Address & Telephone _____

Position Held _____ Rate of Pay _____

Reason for Leaving _____

Duties _____

EDUCATION

	Name & Address	Years Completed	Degree
High School			
College/University			
Trade/Business School			
Other (please list)			

If you have any equivalency diploma/G.E.D., what is the issuing agency?_____

How did you learn about this employment opportunity? ☐ Newspaper advertisement ☐ Friend
☐ WorkSource ☐ Internet search_____ ☐ Other_____

REASONABLE ACCOMMODATION

Under the Americans with Disability Act (ADA) of 1991, the Walla Walla Housing Authority is required to provide reasonable accommodations to individuals qualified with a disability. The reasonable accommodation requirement applies to the application for employment process, any pre-testing, interviews, and actual employment, but only if WWHA knows that the accommodation is required. If you are disabled and require accommodation, you may request it at any time from a WWHA Human Resource representative.

**THIS EMPLOYMENT APPLICATION IS NOT COMPLETE UNTIL SIGNED AND ALL
STATEMENTS BELOW HAVE BEEN READ AND INITIALED**

I understand that this employment application is not intended to create, nor should it be constructed to create, an express or implied contract of employment. It does not create contractual obligations of any kind. If hired, I will be employed at will; I understand that this means that either I am, or the employer is, free to terminate the employment relationship at any time with or without cause or prior notice.

Initial:_____

I certify that all of the information furnished on this employment application and during the employment application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire, or if hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial:_____

I authorize the investigation of all matters contained in this employment application and hereby give the Walla Walla Housing Authority permission to contacts schools, current and previous employers, references and others. I hereby release the Walla Walla Housing Authority and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact.

Initial:_____

Applicant's Name (print or type)

Applicant's Signature

Date

**THIS EMPLOYMENT APPLICATION WILL REMAIN ACTIVE
FOR A PERIOD OF 60 DAYS FROM THE DATE
THE POSITION APPLIED FOR IS FILLED**

**WALLA WALLA HOUSING AUTHORITY
IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**