

Windsor Housing Authority

1027 Walnut St

Windsor, CO 80550

970-686-5576

windsorhousing@aol.com

Classified Application

Please type or print

Social Security # * _____ Date of Application _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Message Phone: _____

Position applying for: _____

Full time Part time Substitute Date available: _____

Have you been or are you currently an employee of the Windsor Housing Authority? Yes No

If yes, when? _____ Position: _____

Please list other names, or nicknames, which will help us verify work or educational records:

*Provision of this information is voluntary. It is used solely for identification in our human resources database.

NONDISCRIMINATION NOTICE

All qualified applicants will receive consideration without discrimination because of age, religion, veteran status, color, sex, marital status, race, creed, national origin or disability. After an offer of employment, and prior to reporting to work, you are required to submit to a medical examination.

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Highest grade completed in school (circle one):

1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 18

Elementary and High School Undergraduate Graduate

Last school or university attended: _____

Dates attended (month/year): From: _____ To: _____

Degree: Yes No Major: _____

Additional education and/or vocational, technical or military training information:

Are you licensed or certified in any skill or trade? Yes No

If yes, please describe:

For driving jobs only: Do you have a valid driver's license? Yes No

Driver's license number: _____ **Class of license:** _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

Indicate your experience by checking or filling in the appropriate spaces:

- Keyboard ____ (wpm) Filemaker Pro
- Calculator Data Entry
- Word Processor Multi-line phone system Custodial
- Cashier Bookkeeping Grounds
- Macintosh PC Accounting Food Service
- Windows PC Bilingual (Language) _____ Commercial Banking
- Microsoft Word Herbicide/Pesticide
- Microsoft Excel Heavy Equipment Motor Maintenance/Repair
- Microsoft Powerpoint Other: _____

Additional information which might qualify you for the position:

Can you perform the functions of the job for which you are applying, with or without reasonable

accommodation? Yes No

Are you age 16 or older? Yes No

Start with your present or most recent job. Include any volunteer work

1. name, address and telephone
number of employer

Dates
To From

Supervisors name
and title

May we
contact
this employer?
Yes

No

Position Title:

Duties:

Reason for leaving or seeking other employment:

Start with your present or most recent job. Include any volunteer work

2. name, address and telephone
number of employer

Dates
To From

Supervisors name
and title

May we
contact
this employer?
Yes

No

Position Title:

Duties:

Reason for leaving or seeking other employment:

Start with your present or most recent job. Include any volunteer work

3. name, address and telephone
number of employer

Dates
To From

Supervisors name
and title

May we
contact
this employer?
Yes

No

Position Title:

Duties:

Reason for leaving or seeking other employment:

References:

List three people who are not related to you and who have definite knowledge of your business or professional qualifications for the position for which you are applying. (Please do not repeat names of supervisors listed under employment history.)

1. Name _____
Address: _____ Phone: _____
_____ Occupation: _____

2. Name: _____
Address: _____ Phone: _____
_____ Occupation: _____

3. Name: _____
Address: _____ Phone: _____
_____ Occupation: _____

Statement of Understanding

I certify that the information furnished on this application is true and correct. I understand and agree that any falsification, misrepresentation, misleading statements or omission of facts on either this application or during the pre-hire process will be sufficient reason for my not being offered employment or, if discovered after I am employed, for the termination of my employment. I hereby authorize the Windsor Housing Authority to make any investigation it deems relevant to a determination of my qualifications and suitability for employment, including but not limited to investigation of my past employment history.

As a condition of employment, I understand that a job offer may be conditioned upon my satisfactory completion of a physical exam.

I understand that if I am hired, I will be required to be fingerprinted at my expense and that the cost of fingerprinting will be withheld from my first payroll check.

Please note that all documents submitted with this application will not be returned and become property of the Windsor Housing Authority.

Signature

Date

Your complete application packet will remain active for one year from the date your application is received in our office. If you would like your file to remain active past that date, please contact us at (970) 686-5576, or in writing at 1027 Main Street, Windsor, CO 80550. Updated information will be required if you are considered for employment at a later time after the date of your initial application.

Once an application packet has been submitted to the Housing Authority, it is the applicant's responsibility to contact The Director or submit a letter of interest for each job the candidate is interested in.

Maintenance/Operations Applicants *only*:

I understand that certain Maintenance & Operations positions require post-offer physical testing. Windsor Housing Authority covers the costs of all tests. I understand and agree to the following:

1. Any offer of employment is contingent upon satisfying a physical examination and physical ability testing that may be required of the position.
2. I agree to participate in baseline range of motion analysis.
3. I must provide transportation for these purposes.
4. I may not start work for the Housing Authority until I have completed these tests and have passed the requirements accordingly. Thus, I will not be paid for time associated with these requirements.
5. I agree to call to schedule these tests within 24 hours of an offer of employment.

Signature

Date

Classified Employee Oath Form

Name _____ Date _____
Last First Middle Maiden

I have applied for the following position _____

I am the above-listed applicant and I do hereby certify under penalty of perjury, either:

- I have never been convicted of committing a felony* or misdemeanor* (other than a misdemeanor traffic offense or traffic infraction).
- I have been convicted** of committing a felony or misdemeanor (not including a misdemeanor traffic infraction). Information specifying the felony or misdemeanor for which I was convicted is as follows:

Conviction(s) _____

Court(s) _____

Date(s) _____

Conviction(s) _____

Court(s) _____

Date(s) _____

Conviction(s) _____

Court(s) _____

Date(s) _____

*A person is deemed to have been convicted of committing a felony or misdemeanor if such person has been convicted under the laws of any state, the United States, or any territory subject to the jurisdiction of the United States of an unlawful act which, if committed within this state, would be a felony or misdemeanor.

** "Convicted" means a conviction by a jury or by a Court and shall also include forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of *nolo contendere* (no contest) and the imposition of a deferred or suspended sentence by the court.

I hereby affirm that all information furnished on and with this oath is true and correct. I understand and agree that any falsification, misrepresentation, misleading statements or omission of facts on either this oath form or during the pre-hire process will be sufficient reason for my not being offered employment or, if discovered after I am employed, for the termination of my employment.

Signature of Applicant _____ Date _____

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Confidential

Windsor Housing Authority asks each applicant to distribute one Applicant Reference form to a person familiar with the candidate's work history. The form should go to a supervisor or someone who can evaluate your abilities on the job. The Applicant completes Section 1. The Reference completes Section 2 and mails it to the address shown.

Section 1 – Completed by Applicant

Applicant name _____

Address _____

Telephone number _____

Confidentiality Agreement

I, _____ waive the right to see the information shared on this form.

Applicant's name _____

I understand that information shared in this form will only be viewed by hiring agents of the Windsor Housing Authority

Applicant signature

Section 2 – Completed by Reference

Reference's name _____ Telephone number _____

Job title _____

In what capacity do you know the Applicant?

Rate the following characteristics of the applicant using the scale below. Given the confidentiality of this form, honest feedback is appreciated.

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	Below Average	Average	Above Average	Not applicable or no opportunity to observe
Knowledge of work				
Courtesy and tact				
Quality of work				
Initiative				
Attitude and cooperation				
Dependability and responsibility				
Attendance				

Supplementary or summary statement:

If you had an opening in your organization, would you hire this person? _____

Reference signature

Date

Thank you for your time and thoughtful answers. If you have any questions, please call (970) 686-5576.

Please mail to: Director, Windsor Housing Authority, 1027 Walnut St, Windsor, CO 80550

Prompt return of this form allows the screening process for this application to proceed. Thank you.