

**Housing Solutions of Northern Arizona**  
**P.O. Box 30134 / 2304 N. Third St.**  
**Flagstaff, AZ 86003**  
An Affirmative Action/Equal Opportunity Employer

**EMPLOYMENT APPLICATION**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Position for which you are applying \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Salary you are seeking \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_  
Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you eligible for employment in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

(All information must be completed even if a resume is attached)

Please list the last **ten** years of your employment history in chronological order with most recent position first. If you need additional space, continue on another sheet of paper. May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Present or last employer \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Salary: \$ \_\_\_\_\_ /year Salary \$ \_\_\_\_\_ / year  
(month and year) (month and year) (beginning) (ending)  
Beginning Job Title \_\_\_\_\_ Ending Job Title \_\_\_\_\_  
Primary duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Previous employer \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Salary: \$ \_\_\_\_\_ /year Salary \$ \_\_\_\_\_ / year  
(month and year) (month and year) (beginning) (ending)  
Beginning Job Title \_\_\_\_\_ Ending Job Title \_\_\_\_\_  
Primary duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Previous employer \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Salary: \$ \_\_\_\_\_ / year Salary \$ \_\_\_\_\_ /year  
(month and year) (month and year) (beginning) (ending)  
Beginning Job Title \_\_\_\_\_  
Primary duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**WRITING REVIEW**

Please respond to the following question within the space provided. What can you contribute to our organization and why should we hire you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKILLS**

Office Equipment \_\_\_\_\_

Computer Software \_\_\_\_\_

*(Microsoft Word, Outlook, etc.)*

Spreadsheet Software \_\_\_\_\_

*(Microsoft Excel, QuickBooks etc.)*

Other \_\_\_\_\_

**EDUCATION**

Name of  
School

Years  
Completed

Did you  
graduate?

Major course of study  
Or degree granted

High School \_\_\_\_\_

College \_\_\_\_\_

Other (specify) \_\_\_\_\_

**REFERENCES**

Please list three professional references (not related to you), including one direct supervisor, who are familiar with the quality of your work.

Name	Address	Phone	Occupation
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**SIGNATURE**

Housing Solutions of Northern Arizona (HSNAZ), is an Equal Opportunity Employer. It is our policy to consider all qualified applicants for available positions without regard to race, color, creed, age, gender, gender expression, gender identity, religion, religious beliefs, ethnicity, national origin, marital or familial status, pregnancy, sexual orientation, disability, military status, or any other basis prohibited by law. No question on this application is intended to secure information to be used for such discrimination. We make no promise of employment by offering this application form or accepting your written response. Any employment we may offer you will be terminable **at will**. This means you can quit at any time. It also means that we can terminate your employment at any time, with or without cause. By completing this application and signing below, you agree that any dispute you may have with HSNAZ regarding this application or subsequent employment with us is subject to binding arbitration under the auspices of the American Arbitration Association in accordance with HSNAZ's policies. You authorize us to investigate your qualifications and to make inquiries about you generally. You also authorize us to share this application and its contents with our employees and any outside agencies or representatives we deem appropriate. If there is anyone you don't want us to contact, please tell us so in writing. By signing below, you are affirming that the statements you make in this application, plus any additional written and oral information you provide us about yourself, such as a resume or an interview, are true, and that you have not omitted anything. Omission is sufficient grounds for us to reject this application without further consideration. Such falsification or omission may also be grounds for immediate termination.

Date \_\_\_\_\_ Signature \_\_\_\_\_