WATKINS GLEN HOUSING AUTHORITY

Employment Application

Please print clearly. Complete all fields that apply.

APPLICANT NAME

Legal First Name	Middle Initial	Legal Last Name	Suffix

Preferred Name, if different	Other names used for employment/education records

Date of Application	Position Applied For

CURRENT ADDRESS

Street Address			
Apartment/Unit #	**City**	**State**	**ZIP Code**
Mailing Address, if different			

CONTACT INFORMATION

Primary Phone	Alternate Phone
Email Address	

EMPLOYMENT ELIGIBILITY

Are you legally authorized to work in the United States?	☐ Yes ☐ No
Will you now or in the future require sponsorship for employment visa status?	☐ Yes ☐ No
Are you at least 18 years of age?	☐ Yes ☐ No
Have you previously been employed by Watkins Glen Housing Authority? If yes, list dates/position.	

WORK AUTHORIZATION AND DOCUMENTATION

If hired, you will be required to provide documentation verifying your identity and authorization to work in the United States, as required by federal law.
☐ I understand that proof of eligibility to work in the United States will be required upon hire.

AVAILABILITY

Date Available to Start	Desired Schedule / Hours
Availability Type	☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal
Days Available	☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
Times Available / Scheduling Limitations	

POSITION APPLIED FOR

Position Title	Department / Program, if known
Date Available to Start	**Desired Pay / Salary**
Type of employment sought	☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Per diem
Are you applying for a specific posted opening?	☐ Yes ☐ No
Posting Number or Job Listing Source, if applicable	

WORK SCHEDULE AND AVAILABILITY

Days available to work	☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
Shift availability	☐ Days ☐ Evenings ☐ Nights ☐ Rotating ☐ On-call
Are you available to work overtime, if required?	☐ Yes ☐ No ☐ With notice
Are you available to work weekends, if required?	☐ Yes ☐ No ☐ With notice
Are you available to respond to emergencies or urgent calls, if required for the position?	☐ Yes ☐ No ☐ Not applicable
Scheduling limitations or special availability notes	

APPLICATION STATUS

Have you ever applied for employment with Watkins Glen Housing Authority?	☐ Yes ☐ No
Have you ever been employed by Watkins Glen Housing Authority?	☐ Yes ☐ No
Do you have any relatives currently employed by Watkins Glen Housing Authority?	☐ Yes ☐ No
If yes to any question above, please explain / list dates, positions, or names	

HIGHEST LEVEL OF EDUCATION COMPLETED

Highest level completed	☐ High school/GED ☐ Some college ☐ Associate ☐ Bachelor ☐ Graduate ☐ Trade/Technical
Name of School / Institution	**City / State**
Degree, Diploma, or Certificate Earned	**Date Completed / Expected Completion**

EDUCATION HISTORY - MOST RECENT SCHOOL

School Name	**City / State**	**Years Attended**	**Graduated?**
Degree / Diploma / Certificate	**Major / Course of Study**	**GPA / Honors, optional**	

EDUCATION HISTORY - ADDITIONAL SCHOOL

School Name	**City / State**	**Years Attended**	**Graduated?**
Degree / Diploma / Certificate	**Major / Course of Study**	**GPA / Honors, optional**	

TRAINING, LICENSES, AND CERTIFICATIONS

License / Certification / Training Program	**Issuing Organization**
License or Certificate Number, if applicable	**Expiration Date, if applicable**
Additional license, certification, or training	**Expiration Date, if applicable**

JOB-RELATED SKILLS

Computer skills	☐ Basic ☐ Intermediate ☐ Advanced ☐ Not applicable
Software experience	☐ Microsoft Word ☐ Excel ☐ Outlook ☐ Google Workspace ☐ Property management software ☐ Other
Office / administrative skills	☐ Filing ☐ Data entry ☐ Customer service ☐ Phones ☐ Scheduling ☐ Recordkeeping
Maintenance / facilities skills	☐ Cleaning ☐ Groundskeeping ☐ Repairs ☐ Painting ☐ Plumbing ☐ Electrical ☐ HVAC ☐ Other
Driver license	☐ Yes ☐ No ☐ Not required for position

Describe any job-related skills, equipment experience, or specialized abilities

LANGUAGES

Do you speak, read, or write any language other than English?	☐ Yes ☐ No
Language(s)	**Level of fluency / ability**

PROFESSIONAL MEMBERSHIPS OR COMMUNITY SERVICE, OPTIONAL

Organization / Activity	**Role / Dates**

Additional information, if relevant to the position

EMPLOYMENT HISTORY INSTRUCTIONS

List your most recent employment first. Include all relevant employment, volunteer work, military service, internships, or self-employment. Attach additional pages if needed.

☐ I have no prior employment history ☐ Additional employment history is attached

CURRENT OR MOST RECENT EMPLOYER

Employer / Company Name	**Phone Number**
Street Address	**City / State / ZIP**
Job Title / Position Held	**Supervisor Name / Title**

Start Date	**End Date**	**Starting Pay**	**Ending Pay**

Employment status	☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Other
May we contact this employer?	☐ Yes ☐ No ☐ Only after offer of employment
Reason for Leaving	
Major Duties and Responsibilities	

PREVOUS EMPLOYER

Employer / Company Name		**Phone Number**	
Street Address		**City / State / ZIP**	
Job Title / Position Held		**Supervisor Name / Title**	
Start Date	**End Date**	**Starting Pay**	**Ending Pay**
Employment status		☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Other	
May we contact this employer?		☐ Yes ☐ No ☐ Only after offer of employment	
Reason for Leaving			
Major Duties and Responsibilities			

EMPLOYMENT GAPS, OPTIONAL EXPLANATION

Use this space to explain any employment gaps, career changes, or additional information you would like considered.

REFERENCE INSTRUCTIONS

Please list three references who are not related to you, unless no other references are available. Professional, supervisory, volunteer, academic, or community references are preferred.

☐ I have notified my references that they may be contacted ☐ Additional references are attached

Reference Name	Relationship to Applicant
Company / Organization	**Job Title**
Phone Number	**Email Address**
Street Address	**City / State / ZIP**
Reference type	☐ Professional ☐ Supervisor ☐ Coworker ☐ Volunteer / Community ☐ Academic ☐ Other
Years known	
May Watkins Glen Housing Authority contact this reference?	☐ Yes ☐ No
Notes / Best Time to Contact	

Reference Name	Relationship to Applicant
Company / Organization	**Job Title**
Phone Number	**Email Address**
Street Address	**City / State / ZIP**
Reference type	☐ Professional ☐ Supervisor ☐ Coworker ☐ Volunteer / Community ☐ Academic ☐ Other
Years known	
May Watkins Glen Housing Authority contact this reference?	☐ Yes ☐ No
Notes / Best Time to Contact	

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Street Address	**City / State / ZIP**
Reference type	☐ Professional ☐ Supervisor ☐ Coworker ☐ Volunteer / Community ☐ Academic ☐ Other
Years known	
May Watkins Glen Housing Authority contact this reference?	☐ Yes ☐ No
Notes / Best Time to Contact	

ADDITIONAL REFERENCE INFORMATION

Use this space for any additional reference details or contact instructions.

Please read this section carefully before signing and dating the application.

APPLICANT CERTIFICATION

I certify that all information provided in this employment application and any attachments is true, complete, and accurate to the best of my knowledge. I understand that any false statement, omission, misrepresentation, or incomplete answer may result in refusal to hire or, if hired, termination of employment.
I authorize Watkins Glen Housing Authority to verify the information I have provided and to contact prior employers, references, educational institutions, licensing agencies, and other appropriate sources as necessary to evaluate my application for employment.
I understand that submission of this application does not guarantee employment and does not create a contract of employment. I understand that employment decisions are based on the qualifications, requirements, and needs of the position and the organization.
I understand that, if offered employment, I may be required to provide proof of identity and authorization to work in the United States, and I may be required to complete additional employment, background, or onboarding documents as permitted or required by law.
Watkins Glen Housing Authority is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other status protected by applicable law.

APPLICANT ACKNOWLEDGMENT

☐ I have reviewed my application and certify that the information provided is true, complete, and accurate.

SIGNATURE

Applicant Printed Name	**Date**
Applicant Signature	**Phone Number**
Email Address	**Position Applied For**

Office Use Only: Date Received: _____ Received By: _____