



Housing Authority of Utah County

240 East Center Street, Provo, Utah 84606-3162
(801) 373-8333 TDD and Voice
(801) 373-2270 Fax
www.housinguc.org

Lynell Smith
Executive Director

Board Members:
Angela Morris, Chair
David Tuckett
Bill Lee
Steve White
Amy Allred

Employment Application

Personal information (Please print legibly in blue or black ink)

Date: _____

Name (Last, First, Middle):	
Present Address (Street, City, State, Zip):	
Permanent Address (Street, City, State, Zip):	
Telephone:	Social Security No:
Are you related to any Housing Authority employees or Board Members? If yes, list names and relationships. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any physical or mental conditions that may restrict your ability to perform your job? If yes, explain in writing and attach to this form. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you either a U.S. citizen, or authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of violating any law, including sex related crimes (other than minor traffic offenses)? If yes, please explain in writing and attach to this form. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment desired

Position:	Date you can start:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> As a substitute	

Education

	School name and Location (city, state)	Dates Attended	Year Graduated	Courses of Study
High School				
College				
Vocational				
Graduate				

Employment Experience (List last ten years of employment history, beginning with most recent. Use additional pages if necessary.)

Employer:	Phone: ()	Work Performed
Address:		
City, State, Zip:		
Job Title:	Supervisor:	
Start Date/Salary:	End Date/Salary:	
Reason for Leaving:		

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Address:		
City, State, Zip:		
Job Title:	Supervisor:	
Start Date/Salary:	End Date/Salary:	
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Employer:	Phone: ()	Work Performed
Address:		
City, State, Zip:		
Job Title:	Supervisor:	
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City, State, Zip:		
Job Title:	Supervisor:	
Start Date/Salary:	End Date/Salary:	
Reason for Leaving:		

Employer:	Phone: ()	Work Performed
Address:		
City, State, Zip:		
Job Title:	Supervisor:	
Start Date/Salary:	End Date/Salary:	
Reason for Leaving:		

Other (Summarize special skills and other information relative to job position. Attach additional sheets as necessary.)

References (List professional references only)

Name	Address	Phone	Occupation
		()	
		()	
		()	

Informed consent and release of liability

I hereby certify that all statements made herein are true and correct to the best of my knowledge and that any misrepresentation of material facts may subject me to disqualification or dismissal.

I authorize the Housing Authority of Utah County to investigate any and all of my past and present work, education, and law enforcement records. I hereby release from all liability all persons and organizations reporting information requested in this application.

I understand and agree that my employment with the Housing Authority of Utah County is entered into voluntarily and that I may resign at any time. Similarly, my employment may be terminated for any reason and at any time without previous notice. All new employees submit to drug testing and I agree to such testing.

Applicant Signature:

Date:

Complete all information on this application. Resumés are encouraged but do not replace this application. The Housing Authority of Utah County cannot consider employment applicants who fail to submit a complete Employment Application. The Housing Authority of Utah County is an equal opportunity employer.

