

Thank you for your interest in Northwest Regional Housing Authority

**Please follow these instructions for submitting your application to us.**

Step one: Download the application to your device.

Step two: fill out the application completely, leave nothing blank unless it does not apply to you.

Step three: save your completed application to keep your information in it.

Step four: print your application and sign the signature line on the last page.

Step five: mail your application Attn: Human Resources, P. O. Box 2568, Harrison, AR 72602-2568, or, you may fax it to Attn: Human Resource, (870)741-9234.

- If you cannot print this application please upload it to the same page in which you submitted your resume and we will use DocuSign to ask you to sign it through your email address.

APPLICATION FOR EMPLOYMENT  
Northwest Regional Housing Authority

Northwest Regional Housing Authority is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, gender, marital status, national origin, disability or handicap, or veteran status.

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ email: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ \_\_\_ Full Time \_\_\_ Part Time

Date Available \_\_\_\_\_

Are you over 18 years old? \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
(If offered employment, you will be required to provide documentation to verify eligibility)

**EDUCATION:** Please indicate education or training which qualifies you for the position you are seeking.

High School: No. of Yrs. Completed (circle one) 1 2 3 4

Diploma: \_\_\_ Yes \_\_\_ No

G.E.D.: \_\_\_ Yes \_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

College and/or Vocational School:

Number of Years Completed (check one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

(If more space is needed, please attach information on a separate sheet of paper)

Other Training or Degree:

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

This application for employment is good for 30 days.

Consideration for employment after 30 days requires a new application.

Have you ever been employed in any facility of NWRHA? \_\_ Yes \_\_ No

If so, please state facility name, location and dates of employment

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

If employment was under a different name, indicate name \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr. Mo/Yr.

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr. Mo/Yr.

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_Yes \_\_No

If yes, explain: \_\_\_\_\_

**Do you know anyone employed by the Northwest Regional Housing Authority or Self -Help Housing? \_\_Yes \_\_No**

**If yes, whom would that be? \_\_\_\_\_**

**Are you related to anyone that works for the Northwest Regional Housing Authority or Self Help Housing? \_\_Yes \_\_No**

**If yes, whom would that be? \_\_\_\_\_**

**REFERENCES:**

Professional

Personal

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Northwest Regional Housing Authority to verify the accuracy and to obtain reference information on my work performance. I hereby release Northwest Regional Housing Authority from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**