

**PEOPLE'S SELF-HELP
HOUSING, INC.**

307 KY 59, Vanceburg, KY 41179



Application for Employment

People's Self-Help Housing, Inc. (PSHH) located in Vanceburg, KY is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications, without regard to race, color, religion, sex, national origin, age, handicap or familial status in accordance with Title VI of the Civil Rights Act of 1964.

PERSONAL INFORMATION

<u>NAME</u>	LAST	FIRST	MIDDLE
<u>ADDRESS</u>	STREET	CITY	STATE ZIP CODE
SOCIAL SECURITY NUMBER:		PHONE NUMBER:	
DATE OF BIRTH:		ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	WAGE DESIRED:
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EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	DEGREE EARNED
HIGH SCHOOL				
TRADE, BUSINESS SCHOOL, ETC.				
COLLEGE				
GED				

SKILLS: Please list technical skills, clerical skills, trade skills, etc. relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate or expert)

EMPLOYMENT HISTORY

Current or Most Recent Position	ORGANIZATION NAME AND ADDRESS:		
	DATES EMPLOYED: From: _____ To: _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time #of hrs./wk:
	SUPERVISOR NAME AND TITLE:		PHONE: _____
	REASON FOR LEAVING:	PRIMARY DUTIES:	

Prior Position	ORGANIZATION NAME AND ADDRESS:		
	DATES EMPLOYED: From: _____ To: _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time #of hrs./wk:
	SUPERVISOR NAME AND TITLE:		PHONE: _____
	REASON FOR LEAVING:	PRIMARY DUTIES:	

REFERENCES: Please list three personal references (no relatives of former employers)

Name of Reference	Address	Phone Number

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

- I certify that the information on this application and its supporting documents is accurate and complete.
- I understand and agree that failure to fully complete the form, or misrepresentation or omissions of facts, represents ground for elimination from consideration for employment, or termination after employment, if discovered at a later date.
- I authorize PSHH to investigate, without liability, all statements contained in this application and supporting materials.
- I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application.
- I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.
- I understand that employees of PSHH serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.
- I understand that the first thirty days of regular employment represent a probationary period, and upon review of job performance during the first thirty days, a decision will be made to continue employment.

Applicant Signature: _____ Date: _____