



EMPLOYMENT APPLICATION

DUCK VALLEY HOUSING AUTHORITY
 PO BOX 129 – 1794 Horseshoe Bend
 Owyhee, Nevada 89832-0129
 PH: (775) 757-3589 F: (775) 757-3746

GENERAL INSTRUCTIONS

Duck Valley Housing Authority (DVHA) employment applications are to be received and stamped by the DVHA Secretary by 5:00 p.m. on the closing date of the Job Announcement. All interview notifications will be made by certified mail. It is your responsibility to notify DVHA if your mailing address and or phone number changes.

It is your responsibility of the Applicant to make sure all required documentation is attached to the application. ***Your application must have the following documents for your application to be complete: Application, High School Diploma, College Transcripts, Certifications, Certificates, Letters of Recommendations, Driver's License, Tribal Identification (for Indian/Tribal Preference), Veterans Preference and a minimum qualification documentation.***

1. Complete a separate application for each job applying for.
2. Signature sure to sign your application in ink.
3. Type or print clearly in dark ink.
4. All applications will be screened by the selection committee, incomplete or illegible applications will not be considered for interviews.
5. DVHA is not responsible for applications that are late, lost in the mail, or lost as a result of transmitting by fax or e-mail.

Please keep a copy of your application.

VETERANS'/DISABLED VETERANS'/VIETNAM ERA/NATIVE AMERICAN/TRIBAL PREFERENCE

To obtain Veterans' Native American/Tribal Preference points when applying with the Duck Valley Housing Authority you must meet ALL of the following criteria:

1. You must have served in the Armed forces for a period of more than 180 consecutive days unless you were discharged because of a service-connected disability.
2. You must have been released or discharged with other than dishonorable/undesirable discharge.
3. You must attach a copy of your DD214/DD215 to your application.
4. Disabled Veteran's Preference – You must provide VA Certification.
5. Native American and Tribal Preference – You must attach Tribal Membership certification.

WORK HISTORY INSTRUCTIONS

All information you provide in the Work History section will be used to evaluate whether you meet the minimum qualifications listed in the announcement. Starting with your most recent job, list all your jobs paid or volunteer).

1. If you held more than one position with the same company, list each position as a separate job in the "Work History" section. Provide your duties as well as beginning and ending dates and hours worked per position.
2. Clearly describe all your duties, if your description of work in the "Work History" section is brief and/or insufficient to determine if you meet the qualifications for the job you may not be considered for the position.
3. Complete each box, if you do not provide all the information in the "Work History" section, NO credit will be given for that job.

A RESUME WILL NOT BE SUBSTITUTED FOR COMPLETION OF WORK HISTORY SECTION

DUCK VALLEY HOUSING AUTHORITY EMPLOYMENT APPLICATION
PLEASE COMPLETE THE FOLLOWING INFORMATION

JOB APPLIED FOR: _____

DATE OF ANNOUNCEMENT: _____

NAME AND ADDRESS			
NAME (LAST, FIRST, MIDDLE)		HOME TELEPHONE (including area code)	
MAILING ADDRESS		WORK TELEPHONE (Provide only one including area code)	
CITY	STATE	ZIP	DID YOU CLAIM N/A AND TRIBAL HIRING PREFERENCE YES <input type="checkbox"/> NO <input type="checkbox"/>
E-MAIL ADDRESS			

VETERANS' PREFERENCE – To Receive Credit Attach A Copy of Your DD214/DD215

DATE OF ENTRY: (MM/DD/YYYY)

DATE OF DISCHARGE (MM/DD/YYYY)

DISABLED VETERANS' PREFERENCE – To Receive Credit you must provide VA Certification

WORK SCHEDULE AVAILABILITY

CHECK ONLY ONE:

SEASONAL
 PERMANENT

EITHER

CHECK ONLY ONE:

FULL TIME
 PART TIME ANY

DATE YOU CAN REPORT TO WORK:

EDUCATION/TRAINING HISTORY

List Military, Colleges, Trade, Business or other Schools attended.

Do you have a High School Diploma or GED certificate? (Check one) YES NO **COPY MUST BE ATTACHED**

Names and Address of School, College or University	Course of Study (List Major)	Credits Earned Check One and Indicate Hours	Did You Graduate (YES/NO)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
1				
2				
3				
4				
5				

LICENSE/REGISTRATION/CERTIFICATE

List any LICENSE, REGISTRATION, CERTIFICATE, Commercial Driver's License (CDL), etc.

COPY MUST BE ATTACHED

DESCRIPTION	STATE	NUMBER	EXPIRATION

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer language skills or software programs, foreign languages, etc.). **Attach additional pages as needed.**

WORK HISTORY

Job Number 1: (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS	
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM (MONTH - YEAR)		SUPERVISOR'S PHONE NUMBER	
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (AVERAGE)	MAY WE CONTACT THIS EMPLOYER?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DUTIES (List all duties you performed. No credit will be given if this section is not complete):

Reason for leaving this position:

Job Number 2:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS	
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM (MONTH - YEAR)		SUPERVISOR'S PHONE NUMBER	
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (AVERAGE)	MAY WE CONTACT THIS EMPLOYER?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DUTIES (List all duties you performed. No credit will be given if this section is not complete):

Reason for leaving this position:

WORK HISTORY

Job Number 3:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER
YOUR JOB TITLE		SUPERVISOR'S NAME
FROM (MONTH - YEAR)		SUPERVISOR'S PHONE NUMBER
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (AVERAGE)	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES (List all duties you performed. No credit will be given if this section is not complete):

Reason for leaving this position:

Job Number 4:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER
YOUR JOB TITLE		SUPERVISOR'S NAME
FROM (MONTH - YEAR)		SUPERVISOR'S PHONE NUMBER
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (AVERAGE)	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES (List all duties you performed. No credit will be given if this section is not complete):

Reason for leaving this position:

LEGAL HISTORY

Can you work legally in the United States: YES NO

(Documentation showing eligibility for employment in the U.S. and identity will be required.)

Have you ever been terminated or asked to resign from employment? YES NO

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony? YES NO

The Crime Control Act, PL 101-647, and Family Violence Prevention Act, PL 101-630 of 1990 requires the following questions of persons applying for positions that involve regular contact with our control over Indian Children.

Have you ever been arrested or charged with a crime involving a child? YES NO

Have you ever been found guilty of or entered into a plea of nolo contendere (no contest), or guilty to any offense under Federal, State or Tribal involving crimes of violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons/ If yes, please explain the date, violation, disposition of the arrest or charge, place of occurrence, and the name and address of the Police Department or court involved.: YES NO

If (YES) Explain:

Have you had any gaps in your employment history? YES NO

If (YES) Explain:

REFERENCES

List three Business/Work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address: (Include State and Zip Code, Telephone Number and Area known and the years you've known that person.

1.

2.

3.



CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial or employment, or dismissal from the Duck Valley Housing Authority if discovered after employment and under some circumstances may result in prosecution for a crime.

- I certify that all statements contained in this job application are true and complete whether made by me or others at my request.
- I can perform the duties of this position with or without reasonable accommodation as defined by the American Disabilities Act.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize Duck Valley Housing Authority to check employment references and verify education information provided on this employment application as disclosed.
- I authorize Duck Valley Housing Authority to check my driving record if the position for which I am applying requires driving.
- You may be asked to submit a pre-employment drug test, a credit history check and criminal history background check as a condition for employment.
- I release the Duck Valley Housing Authority and all providers of information from any liability as a result of furnishing and receiving any information related to the Duck Valley Housing Authority hiring process.

SIGNATURE (MUST BE SIGNED IN INK)

DATE:

KEEP A COPY OF YOUR APPLICATION FOR YOUR INTERVIEW. COPIES WILL NOT BE PROVIDED.

RECRUITMENT AND TRACKING INFORMATION

DO NOT WRITE YOUR NAME OR OTHER IDENTIFYING INFORMATION ON THIS PAGE

Job Applied for: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

- Newspaper (List Publication) _____
- Other website (List website) _____
- Local Posting Friend
- Other

VOLUNTARY INFORMATION

The information you provide below is voluntary.

Affirmative Action

If you choose to provide this information it will help us evaluate the effectiveness of our action programs. This will also be used for research and statistical purposes.

ETHNIC BACKGROUND (Check Only One)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia the Indian subcontinent or the Pacific Islands. This area includes for example: China, Japan, Korea and the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Gender: MALE FEMALE **Disabled:** YES NO

(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

ATTENTION

Attach this page to your application materials
Even if you do not provide the voluntary information