

EDUCATION AND SKILLS

| Name of School | Location and Address | Grade Completed or Degree(s) | Field of Study |
|----------------|----------------------|------------------------------|----------------|
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REFERENCES. List Information of Individuals who are not relatives that can provide reference on your behalf.

| | | |
|-----------|-----------------------|--|
| 1. | Name: | |
| | Address: | |
| | Phone: | |
| | Email Address: | |
| 2. | Name: | |
| | Address: | |
| | Phone: | |
| | Email Address: | |
| 3. | Name: | |
| | Address: | |
| | Phone: | |
| | Email Address: | |

KNOWLEDGE, SKILLS AND ABILITIES. Please refer to the Knowledge, Skills and Abilities Section on the official announcement to complete this section. Resumes are accepted as additional information.

Additional Information:

1. Are you currently employed? _____
 2. Are you currently on layoff status? _____
 3. Have you ever been employed by ZHA? _____
 4. Do you have a family member or partner currently employed at ZHA? _____
 5. If yes, please provide their name and your relationship: _____
 6. What is your minimum acceptable salary? _____
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PLEASE READ CAREFULLY AND SIGN.

I authorize you to communicate with persons listed as references, former employer, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would cause a material conflict of interest with, or which could reflect adversely on the Organization, its insured, and its Agents which may come to my knowledge.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by ZHA until after my becoming employed, is grounds for, and may result in, my immediate termination.

Signature

Date



BACKGROUND CHECK RELEASE AND CONSENT

Full Name: _____
Last Name First Name Middle Initial

Former Name(s) used and Date(s): _____

Current Address: _____
Physical City State Zip Code

Previous Address, If any: _____
Physical City State Zip Code

Social Security Number: _____ **Date of Birth:** _____

Driver's License Number and State: _____

I hereby authorize and agree that background information and reports may be obtained about me by the Zuni Housing Authority, including consumer, driving and other reports. I understand that these reports and records may be used for the purposes of employment decisions, that is, those concerning my hiring, promotion, re-assignment or retention of my employment.

Further, I understand that information may be requested from various federal, state, tribal and other agencies which maintains records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. I am not, however, authorizing the release of "Medical Information" as defined by the FCRA Section 603(1).

I hereby consent to the release of such Background Information, and I release such parties from all liability and responsibility for any damage that may result from the furnishing of the Background Information to the Organization.

Signature Date

Tribal Court Use Only:

If any Record, Please Check:

- No
 Yes – See Attached

Signature of Court Official

Date