



RED CLIFF CHIPPEWA HOUSING AUTHORITY
37645 NEW HOUSING ROAD
BAYFIELD, WI 54814
(715) 779-3744 (715) 779-5044 FAX

Job Application

Position Desired: _____

Date: _____

1. PERSONAL INFORMATION

Full Name (Last, First, Middle):		E-mail Address:			
Any Other Names By Which You Have Been Known (Including Maiden Name)		Home Telephone Number:	Cell Phone Number:		
Address (Apartment, Street, P.O. Box):					
City:	State:	Zip Code:	Sex (Male or Female):		
Drivers License #:	Insurance Company:	Tribe Enroll:	Date Available:		
Are you over the age of 18?	Yes	No	Are you a US Citizen?	Yes	No
Do you have a valid Wisconsin Driver's License?	Yes	No	Are you currently employed?	Yes	No
Are you a veteran?	Yes	No	May we contact your present/past employer(s)?	Yes	No

ALL APPLICANTS FOR EMPLOYMENT WITH THE RED CLIFF CHIPPEWA HOUSING AUTHORITY MAY BE SUBJECT TO THE BACKGROUND INVESTIGATION AND OTHER REQUIREMENTS OF RCCL CHAPTER 43, AND THAT YOU ARE UNDER CONTINUING OBLIGATION TO SUPPLEMENT THIS APPLICATION FOR EMPLOYMENT WITH INFORMATION CONCERNING ANY CONVICTIONS THAT OCCUR AFTER COMMENCEMENT OF EMPLOYMENT WITH THE RCHA.

2. EDUCATION & TRAINING

Name of School	Location	From	To	Dates	Course Pursued	Degree, Diploma, or Credits Earned
High School(s)						
College(s)						
Graduate School(s)						

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates and reason. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates		Position and Kind of Work
	To	From	
Name _____			
Address _____	Full-Time		Duties
City, State, Zip _____	Part-Time		
Supervisor's Name/Telephone/Email Address:	Annual Salary/Wage		Reason for Leaving
Name and Address of Employer	Dates		Position and Kind of Work
	To	From	
Name _____			
Address _____	Full-Time		Duties
City, State, Zip _____	Part-Time		
Supervisor's Name/Telephone/Email Address:	Annual Salary/Wage		Reason for Leaving
Name and Address of Employer	Dates		Position and Kind of Work
	To	From	
Name _____			
Address _____	Full-Time		Duties
City, State, Zip _____	Part-Time		
Supervisor's Name/Telephone/Email Address:	Annual Salary/Wage		Reason for Leaving

4. REFERENCES

Name: _____

Address: _____

Phone Number: _____

City/State/Zip _____

Email Address: _____

Name: _____

Address: _____

Phone Number: _____

City/State/Zip _____

Email Address: _____

Name: _____

Address: _____

Phone Number: _____

City/State/Zip _____

Email Address: _____

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also that I am required to abide by all regulations of the employer.

Applicant's Signature: _____

Date Signed: _____