



NEW AUBURN HOUSING AUTHORITY

*Sunrise Village Apartments*

## Employment Application

### NEW AUBURN HOUSING AUTHORITY

Managing Agent: Chippewa County Housing Authority

711 N. Bridge St., #14

Chippewa Falls, WI 54729

715-726-7933

## An affirmative action/equal opportunity employer

Important: Read carefully before filling out your application.

New Auburn Housing Authority is NOT a Village Department. If hired you will be an employee of the Housing Authority, not the Village.

Please type or print plainly in ink. This application must be fully completed to be considered for employment. You may attach a resume, but the resume may not be substituted for this official application in whole or in part. We will not refer to the resume for incomplete application answers. Study the essential qualifications listed in the position announcement. If you believe that you meet these qualifications, complete this application. Answer all questions applicable to the position for which you are applying. Be thorough. Your completed application, together with any additional information specified in the position announcement, must be received not later than January 30, 2026 by 11:30 a.m. Incomplete or unsigned applications will not be processed.

Position applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### PERSONAL DATA

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street City State Zip

SOCIAL SECURITY NUMBER \_\_\_\_\_ Are you 18 year of age or older? \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF CREDITS EARNED	DID YOU GRADUATE?	GIVE TYPE OF DEGREE, DIPLOMA OR CERTIFICATE
HIGH SCHOOL					
TECHNICAL, TRADE OR BUSINESS SCHOOL					
COLLEGE					
GRADUATE SCHOOL					

Do you have a Driver's License? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a licensed car with liability insurance coverage available for work? Yes\_\_\_\_\_ No\_\_\_\_\_

List the software programs you know how to use and your level of proficiency (beginner, intermediate, advanced)

---



---



---



---

List below any continuing education or in service training you have completed relevant to the job for which you are applying:

Course Names	Dates Attended/Length of Courses	School/Institution/Sponsoring Agency

## EXPERIENCE

Are you presently working? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Housing authority have your permission to contact your current employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Experience: Account for all time for at least the past 10 years, including relevant volunteer experience. If you were employed under another name, include the name by which you were known to your employer. IN ADDITION, LIST ANY EARLIER EXPERIENCE RELEVANT TO THIS POSITION. Part-time work will be pro-rated in determining experience qualification. THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Why did you seek other employment? \_\_\_\_\_

Name/title of supervisor: \_\_\_\_\_

Phone number of immediate supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ to: \_\_\_\_\_

Mo. & Yr.

Mo. & Yr.

Total time: \_\_\_\_\_

Yrs.

Months

\_\_\_\_\_ Full time \_\_\_\_\_ Part Time

Hours/week \_\_\_\_\_ Paid \_\_\_\_\_ Unpaid \_\_\_\_\_

Starting salary: \_\_\_\_\_

Ending salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Why did you seek other employment? \_\_\_\_\_

Name/title of supervisor: \_\_\_\_\_

Phone number of immediate supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ to: \_\_\_\_\_

Mo. & Yr.

Mo. & Yr.

Total time: \_\_\_\_\_

Yrs.

Months

\_\_\_\_\_ Full time \_\_\_\_\_ Part Time

Hours/week \_\_\_\_\_ Paid \_\_\_\_\_ Unpaid \_\_\_\_\_

Starting salary: \_\_\_\_\_

Ending salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Why did you seek other employment? \_\_\_\_\_

Name/title of supervisor: \_\_\_\_\_

Phone number of immediate supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ to: \_\_\_\_\_

Mo. & Yr.

Mo. & Yr.

Total time: \_\_\_\_\_

Yrs.

Months

\_\_\_\_\_ Full time \_\_\_\_\_ Part Time

Hours/week \_\_\_\_\_ Paid \_\_\_\_\_ Unpaid \_\_\_\_\_

Starting salary: \_\_\_\_\_

Ending salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Why did you seek other employment? \_\_\_\_\_

Name/title of supervisor: \_\_\_\_\_

Phone number of immediate supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ to: \_\_\_\_\_

Mo. & Yr.

Mo. & Yr.

Total time: \_\_\_\_\_

Yrs.

Months

\_\_\_\_\_ Full time \_\_\_\_\_ Part Time

Hours/week \_\_\_\_\_ Paid \_\_\_\_\_ Unpaid \_\_\_\_\_

Starting salary: \_\_\_\_\_

Ending salary: \_\_\_\_\_

## References

List three persons we may contact **AT THIS TIME** who are **NOT RELATED TO YOU** and who have definite knowledge of your qualifications for the position for which you are applying. Do not give names of supervisors listed under **EXPERIENCE**.

Full Name, Title and Business/Occupation, How this person knows you	Present Address (Number, Street, city, State and ZIP)
	Street: _____ City: _____ State _____ ZIP _____ Day time Phone Number: _____
	Street: _____ City: _____ State _____ ZIP _____ Day time Phone Number: _____
	Street: _____ City: _____ State _____ ZIP _____ Day time Phone Number: _____
Have you been convicted of any violations other than minor traffic violations? Yes _____ No _____ If yes, for what have you been convicted, when and where?  <div style="text-align: center; font-size: small; margin-top: 20px;">A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</div>	
Veteran Status: Non-Veteran _____ Veteran _____ Dates of Service _____	

### AUTHORIZATION:

I hereby authorize investigation of all statements contained in this application and agree that if any misrepresentation, falsification or omission of fact has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by New Auburn Housing Authority may be terminated immediately without any obligation or liability to me.

In connection with my application for employment, I authorize New Auburn Housing Authority and any agent acting on its behalf, to conduct an inquiry as to my record with any or all of my former employers, references, and any or all educational institutions. Moreover, I hereby release New Auburn Housing Authority, and any agent acting on its behalf, from any or all liability resulting from requesting such information.

Former employers named herein are authorized to give information regarding my employment. They are hereby released from all liability for issuing such information. By signing this authorization I acknowledge that I have read and understand the foregoing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date