



Application for Employment

Accommodations: The Americans with Disabilities Act of 1990 ensures your right to reasonable accommodations in employment. A request for an accommodation will not negatively impact your opportunities for employment with KHRC. Arrangements will be made for your disability that requires an accommodation for completing an application form, interviewing for a position, or any other part of the employment process. It is your responsibility to make your needs known to the Human Resources Department.

Work Experience-list at least the last three employers or positions

Month & Year:	Name & Address:	Reason for Leaving
From: _____		
To: _____		
Title: _____	_____	
Duties:	_____	
Titles and number of employees you supervised: _____		
<input type="checkbox"/> Paid employment	<input type="checkbox"/> Volunteer Experience	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Ending Pay _____

Month & Year:	Name & Address:	Reason for Leaving
From: _____		
To: _____		
Title: _____	_____	
Duties:	_____	
Titles and number of employees you supervised: _____		
<input type="checkbox"/> Paid employment	<input type="checkbox"/> Volunteer Experience	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Ending Pay _____

Month & Year:	Name & Address:	Reason for Leaving
From: _____		
To: _____		
Title: _____	_____	
Duties:	_____	
Titles and number of employees you supervised: _____		
<input type="checkbox"/> Paid employment	<input type="checkbox"/> Volunteer Experience	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Ending Pay _____

Other Employment: Account for all employment over the last 10 years

Name and Address of Company	Position Held	Employment Dates

Other Related Experience: Describe any other related professional certifications, honors, special skills, qualifications, or experiences not mentioned above.

References: Include supervisors and persons we may contact to verify your qualifications.

Name

Mailing Address

Occupation

Organization

Daytime Telephone (____) _____

Your Supervisor: Yes No

Name

Mailing Address

Occupation

Organization

Daytime Telephone (____) _____

Your Supervisor: Yes No

Name

Mailing Address

Occupation

Organization

Daytime Telephone (____) _____

Your Supervisor: Yes No

Affirmation

I affirm that the facts set forth above in my application for employment are true, correct, and complete to the best of my knowledge. I understand that I may be required to submit information not on this form and that KHRC may verify any information provided by me in the employment process.

I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that providing incomplete or misleading information or omission is just cause for rejection of my application and, if already employed, dismissal from service. I agree that KHRC may, at its sole discretion, provide compensatory time off in lieu of overtime pay if I am employed in an hourly position eligible for overtime pay.

Signature

Date

KANSAS HOUSING RESOURCES CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER.