



**APPLICATION FOR EMPLOYMENT**

**Zuni Housing Authority**  
 P. O. Box 710 • 104D Avenue  
 Zuni, New Mexico 87327  
 Phone: 505-782-4550 or 782-4564  
 Fax: 505-782-4563

Date Received

Dear Applicant: Please attach the listed documents. All documents are due with the application on or before 5:00 on the closing date:

- |                                                                                      |                                                                |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Valid New Mexico Driver's License                           | <input type="checkbox"/> College/Secondary School Transcripts  |
| <input type="checkbox"/> High School Diploma                                         | <input type="checkbox"/> Copy of Degree(s) or Certification(s) |
| <input type="checkbox"/> Zuni Tribal Enrollment Card                                 |                                                                |
| <input checked="" type="checkbox"/> <b>PLEASE DO NOT ATTACH SOCIAL SECURITY CARD</b> |                                                                |

Failure to follow directions will result in disqualification for consideration.  
 All applicants are subject to local and federal background checks.  
 All our positions require the applicant to possess a valid Driver's License.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK. (Electronic fillable form available at [www.pozha.org](http://www.pozha.org))

ANNOUNCEMENT NUMBER: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

**1. PERSONAL INFORMATION.**

Your Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Your Address: \_\_\_\_\_  
Mailing Physical City, State and Zip Code

**PLEASE PROVIDE A VALID EMAIL ADDRESS:** \_\_\_\_\_  
This email address will be the primary point of contact. If no email address, Correspondence will be through mailing address.

**PHONE NUMBER/CELL PHONE NUMBER OR MESSAGE PHONE:** \_\_\_\_\_

**2. WORK HISTORY.** Give your full employment record starting with your most current employment.

Name and Address of Previous Employer	Period of Employment (Month and Year)	Position Held:	Reason for Leaving:
	From: _____ To: _____		
<b>Supervisor Name:</b>	<b>Supervisor Email Address:</b>	<b>Supervisor Phone Number:</b>	<b>Salary or Hourly Rate:</b>

Name and Address of Previous Employer	Period of Employment (Month and Year)	Position Held:	Reason for Leaving:
	From: _____ To: _____		
<b>Supervisor Name:</b>	<b>Supervisor Email Address:</b>	<b>Supervisor Phone Number:</b>	<b>Salary or Hourly Rate:</b>



**4. EDUCATION AND SKILLS.**

Name of School	Location and Address	Grade Completed or Degree(s)	Field of Study

**5. REFERENCES.** List Information of Individuals who are not relatives that can provide reference on your behalf.

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	

**6. OTHER INFORMATION:**

Are you currently employed? \_\_\_\_\_

Are you currently on lay-off status? \_\_\_\_\_

Did you previously work for ZHA? \_\_\_\_\_

Are you related by birth, marriage, or co-habitation to any employee of ZHA? \_\_\_\_\_

If Yes, Please Provide Name and Relationship: \_\_\_\_\_

What is your minimum acceptable salary expectation? \_\_\_\_\_

**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.

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*Applicant Signature*

*Date*



## BACKGROUND CHECK RELEASE AND CONSENT

Print Name:			
	FIRST	MIDDLE	LAST

Former Name (s) and Dates Used:	
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Current Address:				
	Mo/Year	Street	City	State/Zip

Previous Address:				
	Mo/Year	Street	City	State/Zip

Social Security Number:		Date of Birth:	
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Driver's License Number and State:	
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Have you been convicted of a serious crime – local, state or federal – within the past 5 years?	<b>Yes</b>	<b>No</b>
Serious crimes include drug related convictions, child abuse, sexual abuse, domestic violence, and financial crimes.		

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.

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*Applicant Signature*

*Date*

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**Tribal Court Use Only:**

**If any Record, Please Check:**

No

Yes – See Attached

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*Signature of Court Official*

*Date*