



625 North Main Street, River Falls, Wisconsin 54022
 715-425-7640 / Fax 715-425-8530 frontdesk@rfhousing.org

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Last Name		First Name		M.I.	Date
Street Address					Apt/Unit #
City		State	ZIP	Primary Phone#	
E-mail Address		Position Desired		Desired Wage/Salary \$	
Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security #		Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a valid Driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have access to a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION

Highest Level of Education: _____		Address			
From: _____	To: _____	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree/Years Completed:	

PREVIOUS EMPLOYMENT

Employer		Address			
Supervisor		Phone #		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From: _____	To: _____	Responsibilities:			
Job Title		Starting Wage \$		Ending Wage \$	
Reason for Leaving					
Employer		Address			
Supervisor		Phone #		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From: _____	To: _____	Responsibilities:			
Job Title		Starting Wage \$		Ending Wage \$	
Reason for Leaving					

PHYSICAL REQUIREMENTS

Some positions may require certain physical capabilities. Please specify whether you are or are not able to safely perform the activities below. Please be assured that a negative response will not disqualify you from consideration.

Do you have difficulty:					
Bending/Stooping		Standing long periods of time			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Climbing Stairs/Ladders		Working in extreme temperatures			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Lifting: 25 Lbs		50 Lbs		75 Lbs	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				100 Lbs	
				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Should we be aware of any physical limitations or extenuating circumstances you feel may relate to the work for which you are applying?					
Please provide any other information you feel may be relevant to the position for which you are applying.					

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I Authorize the River Falls Housing Authority to verify my arrest and convictions records on the Wisconsin Circuit Court System.

Signature:

Date



*Providing Affordable Housing for Senior Citizens, Persons with Disabilities and Families.
Managers for Family Homes, Edgewater, Riverview Manor, Briarwood, Oakpark,
Windmill Place, Watertower, & St. Croix Manor Apts.
This institution is an equal opportunity provider and employer.*

