



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):		Social Security Number:			
Any Other Names By Which You Have Been Known (Including Maiden Name)		Home Telephone Number:		Cell Phone Number:	
Address (Apartment, Street, P.O. Box):			Email Address:		
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
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment)	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	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High School(s)					
College(s)					
Graduate School(s)					

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: _____