



**Idaho Housing
and Finance
Association**
www.ihfa.org
P.O. Box 7899, Boise, ID 83707-1899

EMPLOYMENT APPLICATION

Voluntary Affirmative Action Information

It is IHFA's policy to recruit, hire, train, assign, promote, and retain persons in all job classifications regardless of race, color, religion, sex, age, national origin, disability, or veteran's status.

- Full-Time
- Part-Time
- Temporary/Intern

**EQUAL
OPPORTUNITY
EMPLOYER**

(Please print in ink)

Name	(Last)	(First)	(Middle)	Date of Birth

Position(s) Applied For _____

WHO REFERRED YOU TO IHFA?

- Employment Agency
- Job Service
- College Placement
- Employee _____
(Name)
- Internet
- Newspaper
- Other _____
(Specify)

PLEASE CHECK THE APPROPRIATE BOXES:

- White (Not Hispanic or Latino)
 - Hispanic or Latino
 - Asian (Not Hispanic or Latino)
 - Black or African American (Not Hispanic or Latino)
 - American Indian or Alaska Native (Not Hispanic or Latino)
 - Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
 - Two or more races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.
- Male
 - Female

This voluntary confidential information will be kept separate from the application and employment data in compliance with Affirmative Action Requirements. Refusal to provide this information will not subject the applicant or employee to any adverse treatment.

(Please lift this tear sheet and complete the remainder of the application.)

SKILLS

COMPUTER SKILLS:
 HARDWARE EXPERIENCE: PC MAC MAINFRAME EXPERIENCE OTHER _____

SOFTWARE PROGRAMS	NAME	SOFTWARE VERSION	LEVEL OF PROFICIENCY (1 = Low to 5 = High)					YEARS OF EXPERIENCE
			1	2	3	4	5	
Word Processing	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spreadsheet	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Graphics	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OTHER SKILLS: Typing Speed on Computer _____
 Foreign Languages _____
 List skills related to the position you are seeking _____

REFERENCES: Work related persons for whom you have worked, or have worked with, in the last five years. List at least six.

Name	Company/Title	Current Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been terminated or requested to resign from prior employment? Yes No If YES, please explain and include date, company and reason. _____

Have you ever been accused of stealing anything from a prior employer or fellow employee? Yes No If YES, please explain: _____

Have you ever entered a plea of guilty, no contest, or had a conviction of withheld judgement to any misdemeanor or felony? Include military service convictions. Do not include arrests that have not resulted in criminal prosecution. Yes No If YES, this will not necessarily preclude employment. If YES, please explain: _____

Are you presently under indictment or are you currently a defendant in any criminal proceeding? Yes No If YES, please provide the following information:
 a) The date and place of the indictment or pending charge _____

b) Where and when is a trial scheduled in connection with the indictment or pending charge? _____

Have you ever been refused or do you have any reason to believe you might be refused an application for a fidelity bond? Yes No

If YES, explain: _____

EMPLOYMENT APPLICATION UNDERSTANDING

Please read the following before signing. This contains terms and conditions that affect your application and potential employment.

In exchange for consideration of this application and my possible employment with IHFA, I agree to the following terms and conditions:

1. Authorization and Release: I authorize IHFA to conduct an investigation of my qualifications for employment. I realize that the investigation will include contacting prior employers or other third party agencies to release all information about me to IHFA, and I release them from liability unless I have indicated otherwise on this form. I release any and all persons and parties connected with the investigation from any and all claims or damages arising from the furnishing of information as part of that investigation.
2. Employment-At-Will: I understand that employment with IHFA is at-will. I further acknowledge that IHFA's policies, manuals, or other similar documents are meant to be explanations of benefits or programs and they do not change the terms of my employment at-will. I understand that at any time or for any reason I may resign my position or IHFA may terminate my employment.
3. Drug Free Workplace: IHFA is committed to providing a safe work environment and to employing a workforce free from the use of illegal drugs and abuse of alcohol, either on or off the job. With this objective in mind, IHFA has established a policy pertaining to drug testing.
4. Criminal-Record Check: I understand that in conjunction with my application for employment, IHFA has the right to conduct a criminal-record check of criminal convictions and pending prosecutions.
5. Job Related Testing: I understand that IHFA may use testing to determine if qualified to perform essential functions of the position.
6. Confidential Information: During and after employment with IHFA I will not divulge, or appropriate for my own use or for the use of others, any knowledge or information obtained by me during my employment and considered by IHFA to be confidential.

I verify that the information I have provided on this application is true and accurate. I understand that any omission of information requested or any false or misleading information that I furnish in connection with this application for employment, including any authorizations given, may result in rejection of my application or termination of my employment. I certify that I have read and agree to the above terms.

 Applicant's Signature

 Date