



# WAUKEGAN HOUSING AUTHORITY

## EMPLOYMENT FORM

*Executive Director/CEO*  
Charles J. Chambers, Jr.

*Chairman*  
Eleanor Murkey

*Vice-Chairman*  
Michelle Obleton

*Commissioners*  
Kittie Harden  
Juan Martinez  
Jesus Gerena

Current/Past Employer

Participant/Applicant

\_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Company Phone# \_\_\_\_\_

Participant Phone # \_\_\_\_\_

Company Fax# \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security # \_\_\_\_\_

**STOP: PLEASE DO NOT COMPLETE ANYTHING BELOW THE DOTTED LINE**

Current Rate \$ \_\_\_\_\_ Overtime Rate \$ \_\_\_\_\_ Est. Annual \$ \_\_\_\_\_

Average hours per work week \_\_\_\_\_ Average Over Time hours per week \_\_\_\_\_

Tips per week \$ \_\_\_\_\_ Commission per week/month \$ \_\_\_\_\_

Does employee receive Workman's Comp/FMLOA? Gross amount per week \$ \_\_\_\_\_

Frequency of pay: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_

Position: \_\_\_\_\_ Original Hire Date: \_\_\_\_\_

Temporary Assignment : \_\_\_\_\_ Yes \_\_\_\_\_ No Seasonal: \_\_\_\_\_ Yes \_\_\_\_\_ No

Laid Off/Assignment End Date: \_\_\_\_\_

Rehire/Return Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Employers Signature \_\_\_\_\_

Date \_\_\_\_\_

Employers Title \_\_\_\_\_

Phone # \_\_\_\_\_

Annual \_\_\_\_\_ Adjustment \_\_\_\_\_ New Admission \_\_\_\_\_