

22941 Atherton Street Hayward, CA 94541-6633 510-727-8517 <u>www.haca.net</u>

EMPLOYMENT APPLICATION INSTRUCTIONS

You <u>MUST</u> complete the following THREE (3) forms and submit them with your application:

Form:	Can be found:
HACA Employment Application	www.haca.net; HACA Offices
2. Supplemental Questionnaire	Job Announcement
3. Applicant Certification and Agreement	At the end of job application

You <u>MAY</u> submit the following voluntary forms with your application (these documents will not be filed with your application and are used for the compilation of government record-keeping and reporting requirements):

Form:	Can be found:
1. Veterans' and EEO-1 Status*	At the end of job application
2. Eligibility for Preference (Section 3)*	At the end of job application
3. Personal Resume	N/A

^{*}Since we are a governmental agency that receives federal funding, we are required to report statistics regarding an applicant's ethnic background and eligibility for hiring preferences (Section 3 of the Housing and Urban Development Act), which allows hiring preferences to Alameda County residents who meet income eligibility requirements and on the basis of a veteran's protected status.

How to submit your application:

Submit your completed application, required forms and any voluntary forms to Human Resources by the final filing date. If the job announcement indicates that the position is "open until filled" submit your application as soon as possible as the time period for receiving applications may close at any time. You can submit your application to **Human Resources** by:

E-mail:	jobs@haca.net
Fax:	510-538-8877 / Attention: Melissa Taesali
Mail	Housing Authority of the County of Alameda
	Attention: Human Resources
	22941 Atherton Street
	Hayward, CA 94541



22941 Atherton Street Hayward, CA 94541-6633 510-727-8517 www.haca.net

EMPLOYMENT APPLICATION

The Housing Authority of the County of Alameda is an Equal Employment Opportunity Employer and will consider all applicants for open positions in compliance with California's: (1) Fair Employment and Housing Act, (2) Unruh Civil Rights Act, and (3) Disabled Persons Act; and the federal: (1) Americans with Disabilities Act and (2) Title VII of the 1964 Civil Rights Act which provides protection from employment discrimination because of age, ancestry, color, creed, disability, genetic information, marital status, medical condition, national origin, race, religion, sex (including pregnancy) and sexual orientation (including gender expression) or any other protected category identified by state or federal law.

POSITION APPLYING FO	R:								
		PER	SONAL IN	IFORMA	TION				
Last Name			First Name					M/I	
Street Address			City					State	Zip
Cell phone #:	Home	e phone #:		Daytime #			Email:	1	
Do you possess a valid California	Driver's I	icense?	Yes	No		License #:			
List any previous names under w					ed in the m				
,,,	, , ,		,,0-						
Have you previously been or curr	rently	Yes	No	If yes, p	lease indic	ate dates a	nd job title:		
employed with this Housing Auth									
Are you a current tenant on a Ho	using Aut	thority of the	e County of Al	lameda hοι	ising progra	am?	Yes	No	
Are you a Section 8 landlord?			1		T .		Yes	No	
Are you related to a current House	_	-	Yes	No	If yes, ple	ase provid	e the name:		
the County of Alameda employee			d #b = 1 = = 1 = i =		:	- d C+-+2	Vas	NI-	
If hired, will you be able to subm	it proof o					ed States?	Yes	No	
		EDU	CATION A	ND IKA	INING				
	HIGH SCHOOL: Check the appropriate box:								
Name:	Location: Diploma GED No Diploma								
HIGHER EDUCATION – COLLEGES/UNIV	/FRSITIES:								
School Name	1	cation	# Years	Ma	jor Course	Deg	ree Award	ed?	Degree Type
			Complete		of Study	(yes or no)			8 7,
							, ,		
PROFFSSIONAL LICENSES/CERTIFICATION	DNS:								
PROFESSIONAL LICENSES/CERTIFICATION Type of License/Certificate	DNS:	Date Issue	d	Licer	use # and S	tate	Da	ate of Ex	piration
PROFESSIONAL LICENSES/CERTIFICATION Type of License/Certificate	DNS:	Date Issue	d	Licer	nse # and S	tate	Da	ate of Ex	piration
	ons:	Date Issue	d	Licer	nse # and S	tate	Da	ite of Ex	piration
							Da	ate of Ex	piration
Type of License/Certificate		ISH LIST O THE		n which You				ite of Ex	
Type of License/Certificate LANGUAGE PROFICIENCY – IN ADDITIO	ON TO ENGL	ISH LIST OTHE Lev	R LANGUAGES II	N WHICH YOU ncy	I CAN COMM		Read a		
Type of License/Certificate LANGUAGE PROFICIENCY – IN ADDITIO	n TO ENGL Beį	ISH LIST OTHE Lev ginning	R LANGUAGES II vel of Proficie (check one) Intermediat	N WHICH YOU ncy :e Ad	CAN COMM		Read a	nd Write	
Type of License/Certificate LANGUAGE PROFICIENCY – IN ADDITIO Language	n TO ENG L Beį Beį	ISH LIST OTHE Lev ginning ginning	R LANGUAGES II vel of Proficie (check one) Intermediat Intermediat	n which You ncy :e Ad :e Ad	Vanced	UNICATE:	Read a	nd Write	
Type of License/Certificate LANGUAGE PROFICIENCY – IN ADDITIO	n TO ENG L Beį Beį	ISH LIST OTHE Lev ginning ginning	R LANGUAGES II vel of Proficie (check one) Intermediat Intermediat	n which You ncy :e Ad :e Ad	Vanced	UNICATE:	Read a	nd Write	
Type of License/Certificate LANGUAGE PROFICIENCY – IN ADDITIO Language	n TO ENG L Beį Beį	ISH LIST OTHE Lev ginning ginning	R LANGUAGES II vel of Proficie (check one) Intermediat Intermediat	n which You ncy :e Ad :e Ad	Vanced	UNICATE:	Read a	nd Write	

EMPLOYMENT HISTORY

You must complete this section even if you are attaching resume. List below all present and past employment for the past ten (10) years, starting with your most recent employer. Account for all periods of unemployment. If you need more space use additional sheets of paper prepared in the same format.

same format.			
DATES EMPLOYED: to	NAME OF EMPLOYER:	JOB TITLE:	SUPERVISOR'S NAME:
# HRS. PER WEEK:	ADDRESS OF EMPLOYER:	REASON FOR LEAVING:	SUPERVISOR'S JOB TITLE/PHONE #:
OB DUTIES AND RES	PONSIBILITIES:		
	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?	YES NO	
DATES EMPLOYED: to	Name of Employer:	JOB TITLE:	SUPERVISOR'S NAME:
# HRS. PER WEEK:	ADDRESS OF EMPLOYER:	REASON FOR LEAVING:	SUPERVISOR'S JOB TITLE/PHONE #:
JOB DUTIES AND RES	PONSIBILITIES:		
	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?	YES NO	
DATES EMPLOYED:	NAME OF EMPLOYER:	JOB TITLE:	SUPERVISOR'S NAME:
# HRS. PER WEEK:	ADDRESS OF EMPLOYER:	REASON FOR LEAVING:	SUPERVISOR'S JOB TITLE/PHONE #:
JOB DUTIES AND RES			
	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?	YES NO	
DATES EMPLOYED:	NAME OF EMPLOYER:	JOB TITLE:	SUPERVISOR'S NAME:
# HRS. PER WEEK:	ADDRESS OF EMPLOYER:	REASON FOR LEAVING:	SUPERVISOR'S JOB TITLE/PHONE #:
JOB DUTIES AND RES	PONSIBILITIES:		
	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?	YES NO	

APPLICANT AGREEMENT AND CERTIFICATION

51			
Please read caref	ully, initial each paragraph and s	sign below:	
Initials:	I hereby certify that I have not knowingly withheld any information reflected in my employment application an associated forms and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact shall be grounds for rejection of my application or for immediate dismissal if I am employed regardles of the time that has elapsed before discovery.		
Initials:	I hereby authorize the Housing Authority of the County of Alameda to thoroughly investigate my references, employment history, education and other background information related to my suitability for employment.		
Initials:	I understand that if offered employment, the offer will be contingent on my passing a pre-employment physical arcriminal background check based upon fingerprint screening. I voluntarily agree to submit to a pre-employme physical examination and criminal background check and understand that failure to pass any one of these will result in a withdrawal of the employment offer.		
Initials:		o follow all application instructions, including subing Authority of the County of Alameda to reject my	= :
		nd understand the contents of this employment appostructions, including the initialed paragraphs above.	olication and agree to the terms
Applicant's Signat	ture:		Date:
Your Printed Nam	ne:		
	REQUESTS F	OR REASONABLE ACCOMMODATION	
-	lected to participate in require reasonable acc	the examination/interview phase of commodation to participate in that pr	the recruitment
accomn I will no	quire reasonable nodation. ot require reasonable nodation.	Please describe your disability and accommodated:	how you can be

APPLICANT VOLUNTARY INFORMATION – EEO and Military Status

For statistical use only – completion of this information is voluntary and will not affect your opportunity for employment or terms and conditions of employment, if hired. This document does not become part of your employment application.

1. VETERAN STATUS:	
	government contractor which requires an employer to take affirmative action ications of veteran status. Please check appropriate box(es) below that
Veteran of the Vietnam Era	A person who served in active duty for more than 180 days between 2/28/61 – 5/7/75 and was discharged or released with other than a dishonorable discharge.
Special Disabled Veteran	A veteran who is entitled to compensation under laws administered by the Department of Veterans' Affairs for a disability as defined under Section 38 U.S.C. 3106 as having a serious employment handicap or a person who was discharged from active duty because of a service connected disability.
Other Protected Veteran	Any veteran who served on active duty in the U.S. military in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.
Recently Separated Veteran	Any veteran who served in active duty in the U.S. military during the one year period beginning on the date of such veteran's discharge or release from active duty.
Armed Forces Service Medal Veteran	Any veteran who, while serving in active duty, participated in a U.S. military operation for which a service medal was awarded pursuant to Executive Order 12985.
I am not a protected veteran.	

2. ETHNIC CATEGORY:	
	nment employer receiving federal funding from the Department of requires employers to compile statistical data on applicant information propriate box below:
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White or Caucasian (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
Black or African American (not Hispanic or Latino)	A person having origins in any of the original people or black racial groups in Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, Vietnam or other Asian countries in the Far East.
American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.
Two or more races	A person who has origins from two or more of the racial groups indicated above.

3. G	ENDER IDENTITY:			
The Housing Authority of the County of Alameda is a government employer receiving federal funding from the Department of Housing and Urban Development. The federal government requires employers to compile statistical data on applicant information regarding gender and ethnic identity. Please check the appropriate box below:				
	Male A person who identifies as being male.			
	Female A person who identifies as being female.			
	Nonbinary A person who does not wish to otherwise identify themselves as either female or male.			

APPLICANT VOLUNTARY INFORMATION – Eligibility for Preference (Section 3)

The U.S. Department of Housing and Urban Development (HUD) allows the Housing Authority to provide hiring preferences to Alameda County residents who meet income eligibility requirements under Section 3 of the Housing and Urban Development Act. This information is voluntary on your part but is needed to assist in complying with reporting requirements under Section 3. **Your response to this information is voluntary not part of your employment application and is kept in a confidential data base without reference to your name.**

Number of individuals living in your household (including yourself):	
, , , , , , , , , , , , , , , , , , ,	

Are you currently employed? Answer:	yes	or	no	
-------------------------------------	-----	----	----	--

Total annual household income (please check one) below:

Less than \$26,000	Between \$37,251 - \$40,250
Between \$26,101 - \$29,800	Between \$40,251 - \$43,200
Between \$29,801 - \$33,500	Greater than \$43,201
Between \$33,501 - \$37,250	

TELL US HOW YOU LEARNED ABOUT HACA'S JOB VACANCY

How I learned of this job vacancy: Name:

Thow i learned of this job vacancy. Name.		
	Job Board/Bulletin Board	
	Ethnic Organization	
	Women's Organization	
	Newspaper	
	School	
	Website	
	Other	