

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 FOR:

PERSONAL INFORMATION

Last Name		First Name		M/I	
Street Address		City		State	Zip
Cell phone #:	Home phone #:	Daytime #:	Email:		
Do you possess a valid California Driver's License?	Yes	No	License #:		
List any previous names under which you have worked, gone to school or served in the military:					
Have you previously been or currently employed with this Housing Authority?	Yes	No	If yes, please indicate dates and job title:		
Are you a current tenant on a Housing Authority of the County of Alameda housing program?			Yes	No	
Are you a Section 8 landlord?			Yes	No	
Are you related to a current Housing Authority of the County of Alameda employee or Commissioner?	Yes	No	If yes, please provide the name:		
If hired, will you be able to submit proof of identity and the legal right to work in the United States?				Yes	No

EDUCATION AND TRAINING

HIGH SCHOOL:		Check the appropriate box:
Name:	Location:	Diploma GED No Diploma

HIGHER EDUCATION – COLLEGES/UNIVERSITIES:

School Name	Location	# Years Completed	Major Course of Study	Degree Awarded? (yes or no)	Degree Type

PROFESSIONAL LICENSES/CERTIFICATIONS:

Type of License/Certificate	Date Issued	License # and State	Date of Expiration

LANGUAGE PROFICIENCY – IN ADDITION TO ENGLISH LIST OTHER LANGUAGES IN WHICH YOU CAN COMMUNICATE:

Language	Level of Proficiency (check one)			Read and Write? (yes or no)
	Beginning	Intermediate	Advanced	
	Beginning	Intermediate	Advanced	

OTHER – LIST ANY OTHER TRAINING OR QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

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.

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 RESPONSIBILITIES:			
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 RESPONSIBILITIES:			
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 RESPONSIBILITIES:			
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 RESPONSIBILITIES:			
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO			

APPLICANT AGREEMENT AND CERTIFICATION

Please read carefully, initial each paragraph and sign below:

Initials: _____ I hereby certify that I have not knowingly withheld any information reflected in my employment application and 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 a material fact shall be grounds for rejection of my application or for immediate dismissal if I am employed regardless 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 and criminal background check based upon fingerprint screening. I voluntarily agree to submit to a pre-employment 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: _____ I understand that failure to follow all application instructions, including submitting all required forms, will be sufficient cause for the Housing Authority of the County of Alameda to reject my application for employment.

My signature below certifies that I have read and understand the contents of this employment application and agree to the terms and conditions outlined in the application and instructions, including the initialed paragraphs above.

Applicant's Signature:	Date:
Your Printed Name:	

REQUESTS FOR REASONABLE ACCOMMODATION

If you are selected to participate in the examination/interview phase of the recruitment process and require reasonable accommodation to participate in that process, fill out the information below:

<input type="checkbox"/> I will require reasonable accommodation.	Please describe your disability and how you can be accommodated:
<input type="checkbox"/> I will not require reasonable accommodation.	

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:

The Housing Authority of the County of Alameda is a government contractor which requires an employer to take affirmative action to employ and advance in employment certain classifications of veteran status. Please check appropriate box(es) below that describe your status as a veteran.

	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:

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:

	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. GENDER 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:

<input type="checkbox"/>	Male	A person who identifies as being male.
<input type="checkbox"/>	Female	A person who identifies as being female.
<input type="checkbox"/>	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:

<input type="checkbox"/>	Less than \$26,000	<input type="checkbox"/>	Between \$37,251 - \$40,250
<input type="checkbox"/>	Between \$26,101 - \$29,800	<input type="checkbox"/>	Between \$40,251 - \$43,200
<input type="checkbox"/>	Between \$29,801 - \$33,500	<input type="checkbox"/>	Greater than \$43,201
<input type="checkbox"/>	Between \$33,501 - \$37,250	<input type="checkbox"/>	

TELL US HOW YOU LEARNED ABOUT HACA'S JOB VACANCY

How I learned of this job vacancy: Name:

<input type="checkbox"/>	Job Board/Bulletin Board	<input type="text"/>
<input type="checkbox"/>	Ethnic Organization	<input type="text"/>
<input type="checkbox"/>	Women's Organization	<input type="text"/>
<input type="checkbox"/>	Newspaper	<input type="text"/>
<input type="checkbox"/>	School	<input type="text"/>
<input type="checkbox"/>	Website	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>

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