

EMPLOYMENT APPLICATION INSTRUCTIONS

You **MUST** provide the following FIVE (5) documents and submit them with your application:

Form:	Can be found:
1. HACA Employment Application	www.haca.net ; HACA Offices
2. Supplemental Questionnaire	Job Announcement
3. Applicant Certification and Agreement	At the end of the job application
4. Resume	
5. Three (3) professional references	Details on the Job Announcement

You **MAY** 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 the job application

*Since we are a governmental agency that receives federal funding, we are required to report statistics regarding an applicant's ethnic background and 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
Mail	Housing Authority of the County of Alameda Attention: Human Resources 22941 Atherton Street Hayward, CA 94541

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 employed by, or are you currently employed by, 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 a 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 on fingerprint screening. I voluntarily agree to submit to a pre-employment physical examination and a criminal background check and understand that failure to pass either will result in 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:

I will require reasonable accommodation.	Please describe your disability and how you can be accommodated:
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 that requires an employer to take affirmative action to employ and to advance in employment certain veteran classifications. Please check the 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 collect statistical data on applicants' 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 of African origin from any of the original peoples 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 maintains 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 collect statistical data on applicants' 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.

TELL US HOW YOU LEARNED ABOUT HACA'S JOB VACANCY

How I learned of this job vacancy: Name:

	Job Board/Bulletin Board	
	Ethnic Organization	
	Women's Organization	
	Newspaper	
	School	
	Website	
	Other	

- END -