

Name: \_\_\_\_\_

Position: \_\_\_\_\_



# Employment Application

Phone: (831) 454-9455, Fax: (831) 469-3712, TDD: (831) 475-1146

The Housing Authority of Santa Cruz County is an Equal Opportunity Employer

We may verify information presented on your application, resume and any supplementary material provided. You should ensure that any paperwork you submit in support of your candidacy is accurate and complete. If you are unclear about certain details, provide information to the best of your recollection or ability, and note on the application that this is an approximation. Please proofread your application to ensure all information is accurate, complete and consistent with your resume. We will not offer employment to anyone (or will subsequently terminate the employment of) anyone who knowingly provides inaccurate information about his/her background or experience. We conduct all employment-related activities without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by applicable State or Federal employment discrimination laws. We welcome diversity in our workplace.

# Application for Employment

Please **PRINT** or **TYPE** all information

Personal Information					
Name: Last		First		Middle Initial	Today's Date:
Current Address: Street and Number		City		State	Zip
Telephone: Home ( ) Cell ( )		Business Telephone: ( )		Do you have a driver's license now? (this requirement applies only to positions where driving is required for job performance) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you speak any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, which one(s)?			Will you accept temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email address:
Can you, upon employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		When would you be available to begin work?	
Have you ever applied for employment at the Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, when and for what position? _____					
Do you currently own/have an ownership interest in property which is being subsidized by the Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Education	Major/Degree	# of Years Completed	Did You Graduate?	GPA
High School or GED:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe other job-related training completed:				
Activities, honors, offices held that are job related:				

Additional Data
List any special skills, professional associations, professional job related licenses, military or vocational experience, or other job-relevant activities: <i>(omit those which indicate race, religion, national origin, color, sex, age or disability)?</i>
List PC software programs you have experience with:
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No

# Employment History

Start with your present or most recent employer

Please list your complete employment history (up to eight positions), starting with your current or most recent employer. **All fields must be completed, even if you have provided us with a resume. All current and past compensation fields must be completed to the best of your knowledge. Do not leave these fields blank.** If you worked on multiple assignments under a single staffing agency, consulting firm, or equivalent, please list the firm as your employer and include a separate page listing the assignments performed while with that firm (including company name, pay, and assignment duration). In the space provided, please include any periods in which you were not employed and explain what you were doing. All information may be verified.

If you are currently unemployed, account for the time since your most recent employment. From (mo/yr)\_\_\_\_\_ To (mo/yr)\_\_\_\_\_

Employer Name:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Position:
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Supervisor:		
Reason for Leaving:		
Starting Job Title:	Final Job Title:	

Account for time between employment. From (mo/yr)\_\_\_\_\_ To (mo/yr)\_\_\_\_\_

Employer Name:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Position:
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Supervisor:		
Reason for Leaving:		
Starting Job Title:	Final Job Title:	

Account for time between employment. (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Employer Name:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Position:
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Supervisor:		
Reason for Leaving:		
Starting Job Title:	Final Job Title:	

Account for time between employment. (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Employer Name:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Position:
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Supervisor:		
Reason for Leaving:		
Starting Job Title:	Final Job Title:	

Account for time between employment. From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Employer Name:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Position:
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Supervisor:		
Reason for Leaving:		
Starting Job Title:	Final Job Title:	

# Conditions for Employment

Please read the following carefully before signing.

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment or if employed, immediate termination of employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide Housing Authority with information that may be requested by the Housing Authority to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the Housing Authority from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I agree to protect confidential information of the Housing Authority, and of Housing Authority's clients.
5. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
6. I understand that the Housing Authority will not employ persons who use illegal drugs and/or abuse alcohol or legal drugs, and the Housing Authority retains and exercises the right to screen from employment such individuals. In fact, I agree and consent that I may be required to take a pre-employment drug test. Further, I agree to abide by the Housing Authority's "Statement on Drug-free Workplace," a copy of which will be provided if I am employed by the Housing Authority.
7. In the event that I am employed, I agree to conform to Housing Authority's rules and regulations.

Print Name:

Signature of Applicant:

Date:

How did you learn about this job opportunity?

\_\_\_\_\_

## References

Give names of 5 persons as per the following guidelines:

- a. Direct supervisory references are strongly desired. However, supervisory references may also include persons to which you reported to indirectly.
- b. Project Team Members, clients, external vendors, and other professional peers may be used if a brief explanation of the working relationship is provided
- c. Personal acquaintances, family members and other person not in a position to objectively evaluate your performance may not be used.

Name	E-mail Address	Telephone	Relationship

Housing Authority is an equal opportunity employer and any applicant requiring special accommodations in the application or selection process should contact the Administrative Services Director at 454-9455.

Thank you for taking the time to complete our Employment Application.