

Housing Authority of the County Stanislaus

1701 Robertson Rd. / P. O. Box 581918
Modesto, CA 95358 (209) 557-2000 Fax (209)557-2011
www.stancoha.org

Employment Application

Applicant Information											
Full Name:								Date:			
Address:						Apt/Unit #					
City:				State				Zip Code:			
Phone:						E-mail Address:					
Message Phone:			Social Security No.:					Drivers License #			
Position applying for:											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this agency?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?						
Have you ever been discharged or asked resigned?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?						
Education											
High School:			Address:								
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
College:			Address:								
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
Other:			Address:								
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
References											
<i>Please list three professional references.</i>											
Full Name:				Relationship:							
Company:						Phone:					
Address:											
Full Name:				Relationship:							
Company:						Phone:					
Address:											
Full Name:				Relationship:							
Company:						Phone:					
Address:											

Previous Employment (attach additional pages if necessary)
Resume may be attached but will not substitute for completing this section.

Company:				Phone:		
Address:				Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:				Phone:		
Address:				Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:				Phone:		
Address:				Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

List any school courses, special skills, training, machines or equipment you can operate, which relate to the requirements of this position (Attach additional pages if necessary)

Disclaimer and Signature

Note: Applicants with Disabilities. If you require special testing arrangements, please contact the Personal office when you submit your application. Reasonable effort will be made to accommodate your needs. After reviewing the job description are you in need of any special accommodations in order to perform the essential functions of this position? Yes No

The Housing Authority of the County of Stanislaus does not discriminate on the basis of handicap in admission or access to, its housing assistance programs or in its employment practices, in Violation of 24 CFR Part 8. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification, and to maintain a drug free workplace. This application is part of the examination process. Failure to meet all the requirements presented in the announcement by the final filling date is cause for rejection. All application data is due by 5:00 p.m. on the announced closing date for the position. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. **I agree to submit to a complete physical exam which will include a drug/alcohol test** and to furnish such proof of age and citizenship as may be required by law.

Signature:				Date:		
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This information is requested in accord with State and Federal requirements. This information is voluntary and will not be retained with your application, but handled separately for statistical purposes. Thank You.

Position you are applying for: _____

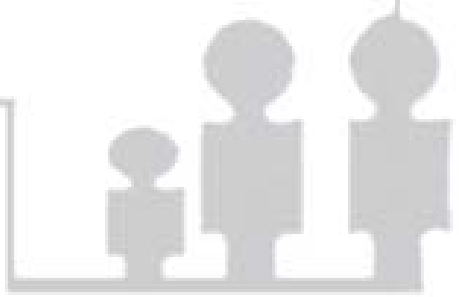
Sex: Male Female

Ethnic Identification (Please check one only)

White	Pacific Islander	Other
Hispanic	Filipino	
Black	American Indian	
Asian	Alaskan Native	

How did you learn about this job opening? (Check one or more)

Newspaper	
Trade Journal	
Friend or Relative	
Housing Authority Employee	
Internet Website	
Job announcement on a bulletin board:	
Where? _____	



Your age group:

- | | |
|----------|------------|
| under 21 | 40 - 49 |
| 21 – 29 | 50 - 59 |
| 30 – 39 | 60 or over |

“Section 3” Resident Eligibility Certification

The U. S. Department of Housing and Urban Development (HUD) monitors our hiring practices on “Section 3” funded projects. It is important, therefore, that the information below be provided. Please be aware that your response, though needed, is voluntary and has no affect on your employment status.

Because these questions are personal in nature, your answers will be treated with confidentiality.

Thank you for assisting us.

Sincerely,

The Housing Authority

Name _____

Address _____

Number of individuals living in your household (include yourself) _____

Total annual household income (please check one):

Less than 21,550

Between 30,801 – 33,250

Between 21,551 – 24,650

Between 33,251 – 35,750

Between 24,651 – 27,700

Between 35,751 – 38,200

Between 27,701 – 30,800

Above 33,201

Are you currently employed? Yes No

I certify that the statements made on this sheet are true, complete and correct to the best of my knowledge and belief, and made in good faith.

Date: _____

Signature: _____