

Name: _____

HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA

3133 ESTUDILLO STREET / P. O. BOX 2759
MARTINEZ, CA 94553

APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Date: _____

All application materials must be received in the Human Resources Office by 4:30 p.m. on the final filing date.

Date Received: _____

APPLICATION PROCESS
1. Applications are accepted for currently open positions only .
2. A separate application is required for each position.
3. Please type or print in ink .
4. Supporting materials may be attached.
5. All sections of this application must be completed. Items left blank may be cause for disqualification.
6. Please sign and date your application.
To request accommodation as provided by Americans with Disabilities Act (ADA), please contact the HACCC Human Resources Office at (925) 957-8000.

APPLICANT
NAME: _____ (last, first, middle)
ADDRESS: _____ (number and street)
_____ (city, state, zip)
() _____ () _____ home phone business phone
() _____ () _____ message phone emergency phone
E-MAIL ADDRESS: _____ (if applicable)

Are You Age 18 or older? Yes No

Do you have the legal right to work in the U.S.? Yes No Social Security Number: _____ / _____ / _____

In compliance with the Immigration Reform and Control Act of 1966, individuals offered employment by the Authority will be required to show documentation as proof of authorization to work in the United States before hiring can occur. (Example: U.S. Passport; certificate of U.S. citizenship; state issued driver license; U.S. Military I.D. Card; original Social Security card; original or certified copy of a birth certificate.)

Are you currently employed by HACCC? Yes No If yes, are you in a probationary period? Yes No

Have you previously been employed by HACCC? Yes No Date(s) of employment: _____

Position(s): _____ Location: _____

Do you have relatives employed by the HACCC? Yes No Relationship: _____

Name(s): _____ Department(s): _____

Have you ever been convicted of an offense by any court? Yes No

If yes, give circumstance(s), place(s), and dates in the space provided below. You may omit:

1. Traffic violations for which the fine imposed was less than \$100.00.
2. Any offense finally settled in a juvenile court or under a welfare youth offender law.
3. Any incident that has been sealed under Welfare and Institution Code Section.
4. Any conviction specified in Health and Safety Code Section 11361.5. This Section pertains to various marijuana offenses.

A conviction is not necessarily disqualifying from the job. Each case is considered individually.

Name: _____

EMPLOYMENT HISTORY (Continued)

Business or Agency Name and Address	Dates Employed	Job Title:	Number of Persons Supervised:
_____	From: _____	_____	_____
_____	To: _____	Duties: _____	_____
_____	Total : _____	_____	_____
Phone: _____	Yrs / Mo	_____	_____
Supervisor's Name: _____	Hours: _____	_____	_____
	Per Week	_____	_____
May We Contact this Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary:	_____	_____
Reason for Leaving:	\$ _____	_____	_____
	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	_____	_____

Business or Agency Name and Address	Dates Employed	Job Title:	Number of Persons Supervised:
_____	From: _____	_____	_____
_____	To: _____	Duties: _____	_____
_____	Total : _____	_____	_____
Phone: _____	Yrs / Mo	_____	_____
Supervisor's Name: _____	Hours: _____	_____	_____
	Per Week	_____	_____
May We Contact this Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary:	_____	_____
Reason for Leaving:	\$ _____	_____	_____
	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	_____	_____

Business or Agency Name and Address	Dates Employed	Job Title:	Number of Persons Supervised:
_____	From: _____	_____	_____
_____	To: _____	Duties: _____	_____
_____	Total : _____	_____	_____
Phone: _____	Yrs / Mo	_____	_____
Supervisor's Name: _____	Hours: _____	_____	_____
	Per Week	_____	_____
May We Contact this Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary:	_____	_____
Reason for Leaving:	\$ _____	_____	_____
	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	_____	_____

CERTIFICATES, LICENSES, SKILLS, & ABILITIES

Do you have a current California Driver License? Yes No License No.: _____

Expiration Date: ____/____/____ Class of License: _____
(Standard is Class C)

Possession of a current California Driver License may be mandatory for this job. Applicants should consult the minimum Qualifications Section of the Job Announcement.

Name: _____

CERTIFICATES, LICENSES, SKILLS, & ABILITIES (Continued)

List additional licenses or certificates that you possess that either meet the requirements listed in the Minimum Qualifications Section of the Job Announcement or are listed as desirable, therein. Also list any such licenses or certificates that, in your judgment, are relevant to the position for which you are applying: Attach copies of any required licenses or certificates:

1. _____ 2. _____
3. _____ 4. _____

List your memberships in professional, trade, or technical associations related to this position:

1. _____ 2. _____
3. _____ 4. _____

Are you fluent in any languages other than English? If yes, please list languages:

1. _____ Speak Read Write Translate
2. _____ Speak Read Write Translate

Are you computer literate? Yes No If yes, please list check those operating systems with which you are familiar:

- DOS Macintosh Windows UNIX Other(s): _____

What is your keyboarding speed skill? _____ Words Per Minute (Check One) Tested Estimated

ADDITIONAL INFORMATION: You may include any comments that show further qualifications for this position:

In case of emergency please notify:

Name: _____ Phone: _____

Address: _____

CERTIFICATION AND AGREEMENT: I certify that the information appearing on and included with this Application for Employment is true and complete. I agree and understand that my failure to provide true and complete information here or elsewhere in the pre-hire process may be sufficient reason for denying me employment or for dismissing me if I am employed.

I agree to undergo a physical examination if a job offer is made and I understand that employment is contingent upon meeting the Authority's physical requirements. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons, and the Housing Authority from any liability for damages for releasing or receiving information.

I further agree to be fingerprinted and to furnish proof of my citizenship or authorization to work. For designated position (See the Job Announcement), the Authority will obtain job-related background information on final candidates, which shall include review of a candidate's criminal conviction record through local agency checks and/or fingerprinting, verification of licenses, certificates, or degrees required for appointment, and/or full background investigation.

Applicant's Signature: _____

Date: _____

Name: _____

HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA

VOLUNTARY SELF-CERTIFICATION FORM

The Housing Authority of the County of Contra Costa (HACCC) is an equal opportunity employer and will use this information for the statistical analysis of our job applicants. Your voluntary assistance in collecting this information will be greatly appreciated. Whether or not you elect to complete this form will have no effect on consideration of your application. This form will be separated from your application and will be kept separate and confidential.

Name: _____ Position Applied For: _____

Sex: Male Female

Are you currently a Public Housing Resident? Yes No Section 8 Participant? Yes No

Are you currently participating in any paid or unpaid Local, State or Federal Training Program? Yes No

If yes please specify: _____

Are You A Veteran? Yes No

Are You A Vietnam-era Veteran? Yes No

Are You A Disabled Veteran? Yes No

Are You Disabled? Yes No If yes, state disability:

To request accommodation as provided by the Americans with Disabilities Act (ADA), please contact the HACCC Human Resources Office at (925) 957-8000.

Ethnic Origin: (Check Only One)

A. **White** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, of the Middle East.

B. **Black** (not of Hispanic origin): Black/African – American persons having origins in any of the Black racial groups of Africa.

C. **Hispanic**: Chicano/Mexican-American/Mexican persons of Mexican culture or origin, regardless of race.
Latin American/ Latino persons of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture regardless of race.
Other Spanish/Spanish-American persons of Hispanic culture or origin, not included in any of the Hispanic categories listed above.

D. **Native American or Alaskan Native**: Persons having origins in any of the original American Indian peoples of North America, including Eskimos and Aleuts, and who maintain cultural identification through tribal affiliation or community recognition.

E. **Asian or Pacific Islander**: Chinese/Chinese American persons having origins in any of the original peoples of China.
Japanese/Japanese-American persons having origins in any of the original peoples of Japan.
Filipino/Pilipino persons having origins in any of the original peoples of the Philippine Islands.
Pakistani and East Indian persons having origins in any of the original peoples of the Indian sub-continent (e.g. India and Pakistan).
Other Asian persons having origins in any of the original peoples of the Far East (including Korea), Southeast Asia, or Pacific Islands (including Samoa), not included in any of the Asian categories listed above.