



Employment Application

INSTRUCTIONS:

1. PRINT LEGIBLY, TYPEWRITE or save document as a Word (*.doc) or PDF file and FILL IN FORM FIELDS.
2. A separate application must be completed for each position that you are applying for.
3. Complete all sections of the application and make sure the application is signed and dated before it is submitted to the Housing Authority of the County of San Joaquin (HACCSJ) Human Resources Department.
4. **Only completed applications will be accepted.** Please read the Job Announcement carefully. Some positions may require supplemental questions. Resumes are encouraged but will not be accepted in lieu of any portion of the HACCSJ official Employment Application. Use additional sheets if more space is needed. Completed applications can be sent or delivered to 448 S. Center St., Stockton, CA 95203. Alternate submissions method is by Fax: (209) 460-5117.
5. Applicants may be required to submit additional proof of qualifications, if sufficient information is not provided (i.e., License, Certificate, Degree, etc).
6. Criminal background checks will be made on applicants who are eligible for interviews.
7. It is the applicant's responsibility to insure that the application is received within the filing period. Applications must be in the HACCSJ Office **NO LATER THAN ON THE FINAL FILING DATE ON THE JOB ANNOUNCEMENT.** Late applications will not be accepted.
8. Screening applications may take 2-3 weeks or longer after the final closing date.

You will be contacted by phone or e mail for interviews and tests if you are selected.

The Housing Authority of the County of San Joaquin is an Equal Opportunity Employer
Thank you for your interest in employment with our Agency.

To request accommodation as provided by the Americans with Disabilities Act (ADA), please contact the Human Resource Office by fax at (209) 460-5117



448 S. Center St., Stockton, CA 95203
 Fax: (209) 460-5117
 Website: www.hacsj.com

EMPLOYMENT APPLICATION

The Housing Authority of the County of San Joaquin 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 a cause for rejection. All applications and supporting documents are due by the announced closing date for the position.

I. Background

Date:		Position Desired:			Salary Desired: \$ Per	
Name:	Last	First			MI	
Present Address:	Number	Street	City	State	Zip	
Contact Tel/Email:	Primary:	Secondary:		Email:		
1a. Type of Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary						
b. If part-time or temporary employment is desired, indicate specific days, hours or period available.						
c. If your application is considered favorably, on what date will you be available to start?						
2. Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No						
4. Other than English, what other languages are you fluent? READ: _____ WRITE: _____						
5. Are you currently employed by HACSJ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you in a probationary period? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously been employed by HACSJ? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of employment: _____ Position(s): _____ Location: _____						
6. Do you have any relatives (either by blood or marriage) who are employed by HACSJ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Name: _____ Relationship: _____ Name: _____ Relationship: _____						

7. Is there any reason why you would not be able to successfully perform the functions of the job for which you are applying? Yes No If yes, please explain: _____

What accommodations, if any, would be necessary should you be offered employment with this agency?

8. Do you have a valid California Drivers License? Yes No Enter Number: _____

9. Have you ever been discharged or terminated for any reason except layoff for lack of work or have you ever resigned to avoid discharge or have you received a general or dishonorable discharge from the military service? Yes No If yes, cite all cases; attach additional sheet(s) if needed.

Name of Employer (or Military Branch): _____

Employer's Address: _____

Date of Discharge: _____

Reason for Discharge: _____

II. Education/Training/Certifications

10. Insert the name of the school attended, circle the last year completed, describe the major or course of study and identify the type of degree earned.

TYPE	NAME OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR/COURSE	DIPLOMA/DEGREE (Y/N)
Elementary		5 6 7 8		
High school		9 10 11 12		
Jr. College		1 2		
College		1 2 3 4		
Other				

11. Describe other training or education not indicated above.

12. What office machines or equipment can you operate?

14. What is your typing speed (if required for this position)? _____ w.p.m.

15. List any certificates for skills or professional licenses you have which relate to the requirements of this position.

III. Employment History

Begin with your most recent experience. Use additional sheets if more space is needed. Summarize jobs held more than ten years ago. Include relevant volunteer experience.

It is not acceptable to write "See Resume." Incomplete applications will not be accepted.

Employer:			Job Title:
Address: City State Zip			Describe the work you did:
Telephone Number:			
Date Started:	Date Ended:		Reason Left:

Employer:			Job Title:
Address: City State Zip			Describe the work you did:
Telephone Number:			
Date Started:	Date Ended:		Reason Left:

Employer:			Job Title:
Address: City State Zip			Describe the work you did:
Telephone Number:			
Date Started:	Date Ended:		Reason Left:

Employer:			Job Title:
Address: City State Zip			Describe the work you did:
Telephone Number:			
Date Started:	Date Ended:		Reason Left:

b. If more than three (3) months between periods of employment listed, explain why:

c. Describe Supervisory or Managerial experience you have:

d. Are there any other skills, experience or qualifications not already listed that you feel would especially fit you for the position you are applying for?

e. May we contact the employers listed? Yes No If no, which ones?

CERTIFICATION AND AGREEMENT: (Please read carefully before signing)

I certify that all information listed in this application is true and correct to the best of my knowledge. I authorize the Housing Authority of the County of San Joaquin to verify any of the information I have submitted with full knowledge that any misleading statement or omission of material facts may be sufficient cause for disqualification for or dismissal from employment with the Housing Authority of the County of San Joaquin. 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 agree to submit to a post offer pre-employment physical examination which will include a drug and/or alcohol analysis. I also agree and submit to a post offer criminal background check. I understand that I will be required to show proof of citizenship or legal right to work in the United States.

I release all parties and persons connected with any requests for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information.

Date _____ Signature _____

HUD Section 3 Tracking Questionnaire

The Housing Authority of the County of San Joaquin is required to collect the following information in complying with Section 3 of the Housing and Urban Development Act of 1968, as amended, and Executive Order 11246, as amended. All information you provide will be **confidential** and will be used to prepare statistical reports. Your responses will not affect your employment application. Please complete all requested information and return this form along with your employment application.

1. Applying for position of: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Sex: Male Female **Ethnic Code:** _____
 (1=White, Caucasian; 2=Black, African American; 3= Hispanic; 4= Asian, Pacific Islander;
 5= Native American; 6=Filipino; 7=Other)

2. Current Income. We need to know the economic impact this job has on the community. Please review the chart below, match your household size (include yourself) with the **maximum** household income; then, place a checkmark next to the category type (1, 2, or 3) that applies to your household.

Mark one category using the chart below : 1 2 3

Category 1
Household Size

	1	2	3	4	5	6	7	8
Not More Than	\$22,250	\$25,450	\$28,600	\$31,800	\$34,350	\$36,900	\$39,450	\$42,000

Category 2
Household Size

	1	2	3	4	5	6	7	8
At Least But	\$22,251	\$25,451	\$28,601	\$32,801	\$34,351	\$36,901	\$39,451	\$42,001
No More Than	\$35,650	\$40,700	\$45,800	\$50,900	\$54,950	\$59,050	\$63,100	\$67,200

Category 3
Exceeds the maximum of Category 2

For example, suppose your household size is 3 and the total annual household income is \$30,000. From the chart the income is above the maximum for Category 1, \$28,850, but less than maximum for 2, \$46,150. You would checkmark category "2".

3. Do you live in (1) Public Housing, **(2)** Housing Choice Voucher (formerly Section 8), or **(3)** Subsidized/Assisted Housing

4. Have you or are you participating in a training program ?
 (Such as SETA, GAIN, EEOC, OEOC, JPTA, etc.)? Yes No

If yes which program? _____

When? _____

5. Job Source: how did you find out about this job? Please select one category.

- New spaper (please specify w hich) _____
- Internet Website other than HACSJ (please specify w hich site) _____
- HACSJ Internet Web Site
- Trade or Professional Publication (Please specify w hich) _____
- Referred by a Friend or Relative
- In House
- Other means (please specify w hich) _____

6. Statement
 I declare that the above is true and correct to the best of my knowledge.

Your signature: _____ Date: _____