

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the Housing Authority of the County of Monterey (HACM). The following directions are designed to assist you in the employment process. This application must be printed in ink or typed. Complete all sections of this application. Items left blank may be cause for disqualification. Additional information may be attached (stapled) to the application.

A resume may not be substituted for this application.

We are an Affirmative Action/Equal Opportunity Employer and welcome applications from all qualified applicants. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, disability, medical condition, national origin, or other protected classification.



CONDITIONS OF EMPLOYMENT

If hired, applicant must:

- Pass a pre-placement examination
- Provide proof of age
- Pass drug and alcohol tests
- Have satisfactory background and reference checks
- Successfully complete the probationary period
- Submit verification of legal right to work in the United States
- If under eighteen years of age, provide proof of a work permit
- Be insurable by the Authority's insurance company

POSITION APPLYING FOR:

DESIRED SALARY OR RANGE:

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PERSONAL INFORMATION

Last Name First Name Middle Name

Street Address/P.O. Box City State Zip Code

Home Phone Business Message

E-Mail Address

Have you ever used another name? Yes No if yes, others name(s)

Are you a participant or applicant for any Housing Authority programs? Yes No

If yes, please indicate which program(s).

Are you related to or have a close personal relationship with any other Housing Authority employees? Yes No

If yes, please list name and relationship of those persons:

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EMPLOYMENT DATA

Have you worked for us before? Yes No

If yes, please provide the period of employment and the position held.

Are you willing to work overtime as required? Yes No

Please refer to job description for the position for which you are applying.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No If no, please describe the functions that cannot be performed:

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_\_ No \_\_\_\_

Do you have a valid California Driver's License? Yes \_\_\_\_ No \_\_\_\_ **License Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

*Possession of a valid California Driver's License, with an acceptable driving record, may be mandatory for this job. Applicants should refer to the employment announcement.*

**FOREIGN LANGUAGE PROFICIENCY**

Many of our clients do not speak English. Do you speak, write, or understand any foreign languages? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate the language below and your skills with regard to each :	<b>Reading</b>	<b>Writing</b>	<b>Speaking</b>

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**EDUCATION**

Please provide the information below if you possess:

	<b>Name</b>	<b>Location</b>
High School Diploma		
General Education Diploma (GED)		
California High School Proficiency Certificate		

<b>Name and Location of College, University or Trade School</b>	<b>Did you graduate?</b>	<b>Type of Degree Earned</b>	<b>Study or Major</b>	<b>Number of Units Completed</b>

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**OTHER TRAINING**

<b>Computer Hardware</b>	
<b>Computer Software</b>	
<b>Military Training</b>	
<b>Training specifically suited for work at the Housing Authority</b>	

**PROFESSIONAL ORGANIZATIONS/SOCIETIES**

*You may omit those that indicate your race, religious creed, color, disability, marital status, national origin, ancestry, sex or age.*

Name of Organization/Society	Type of Membership (Officer /Associate/Member)

**LICENSING/CERTIFICATIONS**

Name of License/Certification	Issuing State/Organization	License/Certification Number
Has your license/certification ever been revoked or suspended?	___ Yes	___ No
If yes, state the reason(s), date of revocation or suspension and date of reinstatement:		

**PROFESSIONAL OR CHARACTER REFERENCES** (Do not list relatives.)

Name and Occupation	Address	Telephone Number
No. of Years Acquainted:		
No. of Years Acquainted:		
No. of Years Acquainted:		

**EMPLOYMENT HISTORY/WORK EXPERIENCE**

	Yes	No	
May we contact your present employer?			
Were you ever discharged during a probationary period or have you resigned due to pressure or unfavorable circumstances from any employment?			<b>If "Yes," please explain:</b>
Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses?			<b>If "Yes," please explain:</b>
Have you ever been disciplined or discharged for fighting, assault, insubordination, or related offenses?			<b>If "Yes," please explain:</b>

List below all present and past employment for at least the last five years, starting with your most recent employer. Account for all periods of unemployment (Note: Attach additional page(s) if necessary.) **Please do not enter "See Resume" in this section. The information requested in this section is essential for a complete evaluation of your qualifications.**

Name of Employer	Address	Telephone Number
Type of Business		
From:	Starting Position:	Ending Position:
To:		
Name and Title of Supervisor:	Reason for Leaving:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Employer	Address	Telephone Number
Type of Business		
From:	Starting Position:	Ending Position:
To:		
Name and Title of Supervisor:	Reason for Leaving:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Employer	Address	Telephone Number
Type of Business		
From:	Starting Position:	Ending Position:
To:		
Name and Title of Supervisor:	Reason for Leaving:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

Failure to initial each certification and agreement or failure to properly sign the application will constitute an incomplete application and will not be considered for employment screening.

<b>Initial each box below</b>	
	I hereby certify that this application is only valid for the position applied for at present and that the Housing Authority is not obligated to retain or consider this application for future openings.
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
	If employed by the Housing Authority, I will abide by the Agency's policies and rules. I further understand that I will be required to possess a current and valid California driver's license and appropriate vehicle insurance if my position requires me to drive in the course of my work.
	If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Agency's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examination.
	I understand that nothing contained in this application, or conveyed during any interview, which may be granted or during my employment, if hired is intended to create an employment contract between me and the Housing Authority. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the opinion of either myself or the company (unless the position is covered by a collective bargaining agreement); and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.
	I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Housing Authority, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions of employment stated in this application, if I am employed by the Housing Authority. This application contains all the understandings and agreements between me and the Housing Authority concerning the nature of my employment, if any, by the Housing Authority and supersedes all prior and/or contemporaneous practices, oral or written agreements, understanding, statements, representations and promises, expressed or implied, between me and the Housing Authority. I understand and agree that, except as noted above, no person who is either an agent or employee of the Housing Authority may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Housing Authority of the County of Monterey

Equal Employment Opportunity Data

**TO BE COMPLETED BY APPLICANT**

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Application Date: \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

To identify yourself place a check mark [✓] in the box next to the category most applicable to you:

**GENDER:**                     Male  
                                       Female  
                                       Non-Binary

**RACE/ETHNICITY**         American Indian or Alaskan Native  
**CATEGORY:**                 Asian or Pacific Islander  
                                       Black  
                                       Hispanic  
                                       White

**JOB SOURCE:** I learned about this job opening through:  
 Employee of Housing Authority (*please specify*): \_\_\_\_\_  
 Friend/Relative  
 Human Resources Office –Housing Authority  
 Advertisement (*please specify*): \_\_\_\_\_  
 Website – Housing Authority of County of Monterey  
 Website – Other (*please specify*): \_\_\_\_\_  
 Other (*please specify*): \_\_\_\_\_

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**TO BE COMPLETED BY HOUSING AUTHORITY HUMAN RESOURCES**

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EEO-1 Category:                     Officials and Managers  
    Professionals  
    Technicians  
    Sales  
    Office and Clerical  
    Crafts – skilled  
    Operatives – semi-skilled  
    Laborers – unskilled  
    Service workers

Completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date