

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

POSITION APPLYING FOR: _____

DESIRED SALARY OR RANGE: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

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

Home Phone _____ Business _____ Message _____

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: _____

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 ability 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 :	Reading	Writing	Speaking

EDUCATION

Please provide the information below if you possess:

	Name	Location
High School Diploma		
General Education Diploma (GED)		
California High School Proficiency Certificate		

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

OTHER TRAINING

Computer Hardware	
Computer Software	
Military Training	
Training specifically suited for work at the Housing Authority	

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

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

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: _____ To: _____	Starting Position:	Ending Position:
Name and Title of Supervisor:	Reason for Leaving:	___ Full Time ___ Part-Time

Description of Duties: _____

Name of Employer	Address	Telephone Number
Type of Business		
From: _____ To: _____	Starting Position:	Ending Position:
Name and Title of Supervisor:	Reason for Leaving:	___ Full Time ___ Part-Time

Description of Duties: _____

Name of Employer	Address	Telephone Number
Type of Business		
From: _____ To: _____	Starting Position:	Ending Position:
Name and Title of Supervisor:	Reason for Leaving:	___ Full Time ___ 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:	___ Full Time ___ Part-Time

Description of Duties: _____

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.

Initial each box below	
	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: _____

