



# EMPLOYMENT APPLICATION

**INSTRUCTIONS:** Please type or print in ink. You must provide all requested information on this form. Failure to provide this information may result in the delay or elimination of your application from consideration for employment.

It is the employment policy of the San Francisco Housing Authority to hire regardless of race, color, national origin, gender, sexual orientation, political or religious creed, age, veteran status or disability.

## PERSONAL

<b>POSITION APPLIED FOR</b>		<b>SOCIAL SECURITY NO.</b>	<b>TELEPHONE NUMBERS:</b>	
NAME Last First Middle			Home ( )	
ADDRESS Number & Street City State Zip			Work ( )	
List <b>MOST RECENT PREVIOUS ADDRESS</b> below:			Mobile ( )	
			E-Mail	
			<b>HOW LONG</b> at previous address?	
			FROM	TO

In the space below, list **ANY OTHER NAMES** under which you have worked, gone to school, served in the military, or obtained licenses, certifications, or degrees:

Upon hire, you must provide **PROOF OF CITIZENSHIP** or **EMPLOYMENT ELIGIBILITY** in accordance with the Immigration Reform & Control Act. If offered employment, can you provide verification of your legal right to work in the United States?  YES  NO

If you are **RELATED** by blood or marriage to any member of the **SFHA BOARD OF COMMISSIONERS** or to any **SFHA EMPLOYEE**? If yes, list all relatives below. Attach a separate sheet if necessary.

NAME OF RELATIVE	SFHA POSITION	RELATIONSHIP TO YOU

Have you ever been **DISCHARGED FROM EMPLOYMENT** or **RESIGNED IN LIEU OF DISCHARGE**?  YES  NO

If yes, please explain below. Attach a separate sheet if necessary.

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Are you a <b>RESIDENT OF PUBLIC HOUSING</b> & listed on an <b>SFHA LEASE</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a <b>SECTION 8 RESIDENT</b> or <b>LANDLORD</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a <b>VALID CA DRIVER'S LICENSE</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide no. _____	Have you ever performed <b>MILITARY SERVICE</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you <b>PREVIOUSLY WORKED FOR THE SFHA</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION/TRAINING

SCHOOL ATTENDED	NAME & ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	UNITS COMPLETED	MAJOR/DEGREE
HIGH SCHOOL		1 2 3 4	YES NO		
COLLEGE/UNIVERSITY		1 2 3 4			
GRADUATE SCHOOL		1 2 3 4			
TRADE SCHOOL		1 2 3 4			
TYPING SPEED	WPM	LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)		SPEAK	READ WRITE
WORD PROCESSING	LIST SOFTWARE PROFICIENCY				
COMPUTER/PC EXPERIENCE	TYPE OF EQUIPMENT				
List <b>JOB-RELATED</b> licenses or certificates obtained below (attach a separate sheet if necessary):		DATE of latest license or certificate:		STATE or other LICENSING AGENCY	

## EMPLOYMENT HISTORY

**INSTRUCTIONS:** Starting with your most recent employer, please list all paid employment covering the past ten years. Attach additional sheets, if necessary. A resume may be attached to provide the information below, but a resume cannot be substituted for the completion of any other section of this employment application.

MOST RECENT EMPLOYER	START DATE	
STREET ADDRESS	END DATE	
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE	TELEPHONE NUMBER
POSITION HELD	HOURS WORKED/WEEK	
FULL DESCRIPTION OF JOB DUTIES		
REASON(S) FOR LEAVING		IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER #2	START DATE	
STREET ADDRESS	END DATE	
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE	TELEPHONE NUMBER
POSITION HELD	HOURS WORKED/WEEK	

FULL DESCRIPTION OF JOB DUTIES		
REASON (S) FOR LEAVING		
EMPLOYER #3		START DATE
STREET ADDRESS		END DATE
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE	TELEPHONE NUMBER
POSITION HELD		HOURS WORKED/WEEK
FULL DESCRIPTION OF JOB DUTIES		
REASON (S) FOR LEAVING		
EMPLOYER #4		START DATE
STREET ADDRESS		END DATE
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE	TELEPHONE NUMBER
POSITION HELD		HOURS WORKED/WEEK
FULL DESCRIPTION OF JOB DUTIES		
REASON (S) FOR LEAVING		
EMPLOYER #5		START DATE
STREET ADDRESS		END DATE
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE	TELEPHONE NUMBER
POSITION HELD		HOURS WORKED/WEEK
FULL DESCRIPTION OF JOB DUTIES		
REASON (S) FOR LEAVING		

# EMPLOYMENT REFERENCES

**INSTRUCTIONS:** List below three professional references (preferably former supervisors or employers), and one personal reference (preferably living in the Bay Area). Do **not** list relatives, members of the SFHA Board of Commissioners or SFHA employees.

NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER
NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER
NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER
NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER

# CERTIFICATION

**YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.**

**I HEREBY CERTIFY** that all statements made in this application is true and complete to the best of my belief and knowledge. I understand that all statements may be verified. Any material misstatement or omission of fact may be *grounds for rejection of my application or forfeiture of employment*. I authorize the companies, agencies, schools or persons named above to give any information regarding my employment and release them from all liability for any damage for issuing this information.

I agree to accept employment, if offered, subject to satisfactory completion of a background check and probationary period. If my services are not satisfactory, I understand that I may be dismissed during my probationary period.

APPLICANT'S SIGNATURE	DATE
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**PLEASE RETURN APPLICATIONS TO:**

**San Francisco Housing Authority  
Human Resources Department  
1815 Egbert Avenue  
San Francisco, California 94124**

**FOR FURTHER INFORMATION REGARDING  
APPLICATION PROCEDURES, PLEASE CALL:**

**(415) 715-3101**

# EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The Housing Authority asks all applications to voluntarily complete this form in order to comply with the United States Government Equal Employment Opportunity requirements. Data collected will be used for statistical purposes only.

The information will be immediately detached from your application and kept confidential.

NAME (Please Print)

Title of Position for which you are applying

Female

Male

White

Black/African American

Hispanic/Latino

Asian

Native Hawaiian/Pacific Islander

American Indian/Alaskan Native

Two or More Races

Other (Please Specific) \_\_\_\_\_

## How did you hear about this position?

SFHA Website ([www.sfha.org](http://www.sfha.org))

SFHA Employee Referral \_\_\_\_\_

Internet \_\_\_\_\_

Newspaper

Job Fair

Other \_\_\_\_\_