



HOUSING AUTHORITY OF THE
CITY AND COUNTY OF SAN FRANCISCO

Employment Application Form

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 Housing Authority of the City and county of San Francisco to hire regardless of race, color, national origin, gender, sexual orientation, political or religious creed, age, veteran status, or disability.

PERSONAL

POSITION APPLIED FOR	SOCIAL SECURITY NO.	TELEPHONE NUMBERS	
NAME (Last, First, Middle)		Home: _____	
		Work: _____	
ADDRESS (Number & Street)		City	State
		Zip	Mobile: _____
List MOST RECENT PREVIOUS ADDRESS below:		Email: _____	
HOW LONG 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 **Authority BOARD OF COMMISSIONERS** or to any **Authority EMPLOYEE**? If yes, list all relatives below. Attach a separate sheet if necessary. YES NO

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.

Are you a **RESIDENT OF PUBLIC HOUSING** & listed on an **AUTHORITY LEASE**? YES NO Are you a **SECTION 8 RESIDENT** or **LANDLORD**? YES NO

Do you have a VALID CA DRIVER'S LICENSE ? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , provide No.: _____	Have you ever performed MILITARY SERVICE ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you PREVIOUSLY WORKED FOR THE AUTHORITY ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EDUCATION/TRAINING

SCHOOL ATTENDED	NAME & ADDRESS OF SCHOOL	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	UNITS COMPLETED	MAJOR/DEGREE
HIGH SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE/ UNIVERSITY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TRADE SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPING SPEED	WPM	LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)		SPEAK <input type="checkbox"/>	READ <input type="checkbox"/> WRITE <input type="checkbox"/>
WORD PROCESSING	LIST SOFTWARE PROFICIENCY				
COMPUTER/PC EXPERIENCE	TYPE OF EQUIPMENT				
List JOB-RELATED 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			
<hr/> <hr/>			
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



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FULL DESCRIPTION OF JOB DUTIES		
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REASON(S) FOR LEAVING	IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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		
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REASON(S) FOR LEAVING	IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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		
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REASON(S) FOR LEAVING	IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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		
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REASON(S) FOR LEAVING	IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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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 Authority Board of Commissioners or Authority 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
<p>PLEASE RETURN APPLICATIONS TO: Housing Authority of the City & County of San Francisco Human Resources Department 1815 Egbert Ave San Francisco, California 94124 <u>OR</u> by email to: sfhahr@sfha.org</p>	<p>FOR FURTHER INFORMATION REGARDING APPLICATION PROCEDURES, PLEASE CALL: Human Resources Reception: (415) 715-3101</p>



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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.

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 Specify): _____

How did you hear about this position?

- SFHA Website (www.sfha.org)
 SFHA Employee Referral: _____
 Internet: _____
 Newspaper
 Job Fair
 Other: _____

All new employees of the Housing Authority of the City and County of San Francisco will be required to be fully vaccinated prior to their start date.

*****Proof of vaccination will be required upon the first day of employment.*****