



# 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 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

|   |  |                            |                                      |       |
|---|--|----------------------------|--------------------------------------|-------|
| <b>POSITION APPLIED FOR</b>                     |  | <b>SOCIAL SECURITY NO.</b> | <b>TELEPHONE NUMBERS:</b>            |       |
| NAME Last First Middle                          |  |                            | Home                                 | _____ |
|   |  |                            | Work                                 | _____ |
| ADDRESS Number & Street City State Zip          |  |                            | Mobile                               | _____ |
|   |  |                            | E-Mail                               | _____ |
| List <b>MOST RECENT PREVIOUS ADDRESS</b> below: |  |                            | <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 **Authority BOARD OF COMMISSIONERS** or to any **Authority 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>AUTHORITY 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><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If <b>YES</b> , provide no. _____ | Have you ever performed <b>MILITARY SERVICE?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO     | Have you <b>PREVIOUSLY WORKED FOR THE AUTHORITY?</b><br><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 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.

|                              |             |
|------------------------------|-------------|
| <b>APPLICANT'S SIGNATURE</b> | <b>DATE</b> |
|------------------------------|-------------|

**PLEASE RETURN APPLICATIONS TO:**

Housing Authority of the City &  
County of San Francisco  
Human Resources Department  
1815 Egbert Ave  
San Francisco, California 94124  
OR by email to: [jobs@sfha.org](mailto:jobs@sfha.org)

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

**Human Resources Reception:  
(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.

|                                 |   |
|---------------------------------|---|
| <b>NAME (Please Print)</b>      | <b>Title of Position for which you are applying</b> |
| <input type="checkbox"/> Female | <input type="checkbox"/> 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 \_\_\_\_\_

All new employees of the Housing Authority of the City & 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. \*\*\***