



EMPLOYMENT APPLICATION

INSTRUCTIONS:

RESUMES SUBMITTED IN LIEU OF COMPLETING THIS APPLICATION WILL NOT BE ACCEPTED

Please type or print in ink. This application must be completed for employment consideration. It is part of the examination process. If you need additional space, attach a separate sheet. We strongly suggest you keep a copy of your completed application.

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

POSITION APPLIED FOR		SOCIAL SECURITY NO.	TELEPHONE NUMBERS:	
			Home	()
NAME Last	First	Middle	Work	()
ADDRESS Number & Street	City	State	Zip	Mobile ()
E-mail				
List MOST RECENT PREVIOUS ADDRESS below:			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

NEPOTISM (RELATIVES) GUIDELINES

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

Notice: No one may be employed or transferred into a department where a person related by blood or marriage is employed as a supervisor. For the purpose of clarification, family members would include the applicant's/employee's immediate family members and in-laws as well as, aunt/step aunt, uncle/step uncle, nephew/step nephew, niece, grandparents/step grandparents, grandchildren/step grandchildren, and first cousin/step first cousin.

I understand that any misrepresentation or omission of facts concerning family members on my application or during the interview process is cause for rejection of my application or my dismissal from employment, if hired.

Applicant's Signature

NAME OF RELATIVE	SFHA POSITION	RELATIONSHIP TO YOU

CRIMINAL HISTORY INFORMATION

When answering the following question, please understand that the presence of criminal history will not automatically disqualify you from employment and each situation is reviewed separately for job relatedness.

Have you ever been convicted of any crime by any court, including a military court, *except* as provided below?

A conviction includes a plea, verdict, or other finding of guilt.

YES NO

You do *not* need to include any conviction that falls within one of these categories:

- Any record regarding a referral to or participation in any pre-trial or post-trial diversion program;
- Any conviction where you have successfully completed a deferred entry of judgment program. If you are *currently participating* in such a program, you **must** disclose that conviction;
- A conviction where a court has ordered the record sealed, expunged or statutorily eradicated;
- A conviction for a traffic offense where the fine was less than \$400;
- A misdemeanor conviction for which probation was successfully completed or otherwise discharged AND the case has been judicially dismissed under Penal Code §1203.4;
- A conviction that is more than two years old and is for one of the following violations:
 - Health & Safety Code §11357(b) or (c);
 - Health & Safety Code §11360(c); or
 - Health & Safety Code §§11364, 11365, and 11550 as they relate to marijuana prior to January 1, 1976.

If yes, attach a separate sheet of paper explaining the details, including your probation officer's name and phone number.

Have you ever been **DISCHARGED FROM EMPLOYMENT** or **RESIGNED IN LIEU OF DISCHARGE**? If yes, please explain below. Attach a separate sheet if necessary.

YES NO

Are you a **RESIDENT OF PUBLIC HOUSING** & listed on an **SFHA LEASE**?

YES NO

Are you a **SECTION 8 RESIDENT** or **LANDLORD**? (If yes, circle one)

YES NO

Do you have a **VALID CA DRIVER'S LICENSE**?

YES NO

If YES, provide no. _____

Have you ever performed **MILITARY SERVICE**?

YES NO

Have you **PREVIOUSLY WORKED FOR THE SFHA**?

YES 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 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	STARTING SALARY
STREET ADDRESS		END DATE	ENDING SALARY
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER
POSITION HELD			HOURS WORKED/WEEK
NUMBER OF PEOPLE SUPERVISED?			
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	STARTING SALARY
STREET ADDRESS		END DATE	ENDING SALARY
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER
POSITION HELD			HOURS WORKED/WEEK
NUMBER OF PEOPLE SUPERVISED?			
FULL DESCRIPTION OF JOB DUTIES			
REASON(S) FOR LEAVING			

EMPLOYER #3		START DATE	STARTING SALARY
STREET ADDRESS		END DATE	ENDING SALARY
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER
POSITION HELD			HOURS WORKED/WEEK
NUMBER OF PEOPLE SUPERVISED?			
FULL DESCRIPTION OF JOB DUTIES			
REASONS FOR LEAVING			

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

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

EMPLOYMENT REFERENCES

INSTRUCTIONS: List below at least two 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

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 six-month probationary period. If my services are not satisfactory, I understand that I may be dismissed during my probationary period.

APPLICANT'S SIGNATURE

DATE

PLEASE RETURN APPLICATIONS TO:

**San Francisco Housing Authority
Human Resources Division
440 Turk Street
San Francisco, California 94102**

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

(415) 554-1244