

**EMPLOYMENT APPLICATION**  
**Regional Housing Authority**  
**1455 Butte House Road**  
**Yuba City, CA 95993**  
**(530) 671-0220**

***An Equal Opportunity Employer***

Type or print legibly using black ink. This application is part of the examination process. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep.

Job Title \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Home and/or Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Social Security Number (Optional) \_\_\_\_\_

1. I am interested in:                      Full Time [ ]                      Part Time [ ]                      Temporary [ ]
2. If the position requires a valid driver's license, please complete the following information:  
 State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_
3. **LICENSE OR CERTIFICATE.** If you Possess a license or certificate which is a requirement for the position, please provide the following information:  
 Issuing Agency \_\_\_\_\_ Title \_\_\_\_\_  
 Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
4. **FOR BILINGUAL POSITIONS ONLY.** What language(s), other than English, do you speak and/or write?  
 Speak \_\_\_\_\_ Write \_\_\_\_\_
5. Have you ever been discharged or forced to resign from any job? Yes [ ] No [ ] If "YES", please explain:  
 \_\_\_\_\_
6. Are you currently or have you ever worked for the Housing Authority? Yes [ ] No [ ]  
 If "YES", please indicate position title and department. \_\_\_\_\_  
 If you previously worked for the Housing Authority, under what name? \_\_\_\_\_
7. Are you related by blood or marriage to any person(s) presently employed by the Housing Authority? Yes [ ] No [ ]  
 (The Housing Authority prohibits certain employment of relatives.) If yes, who? \_\_\_\_\_
8. Some Housing Authority positions require weekend and/or shift work. Please indicate any hours, shifts or days you cannot or will not work: \_\_\_\_\_

**FOR PERSONNEL USE ONLY**

Meets MQs: Yes [ ] No [ ]

Initials \_\_\_\_\_

Date \_\_\_\_\_

Comments: \_\_\_\_\_

### Education

College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree Earned & Date

### Experience

**DO NOT INDICATE "SEE RESUME or SEE ATTACHED."** Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent experience and list all experience for the last ten years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. **ADDITIONAL PAGES MAY BE ATTACHED IF MORE SPACE IS NEEDED**

Employment Dates	Occupation and Description of Duties	Employer Information
<b>A.</b> Month/Day/Year <b>From:</b> _____ <b>To:</b> _____ <b>No. of People Supervised:</b> _____ <b>Hours per Week:</b> _____	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor:</b> _____ <b>Reason for Leaving:</b> _____
<b>B.</b> Month/Day/Year <b>From:</b> _____ <b>To:</b> _____ <b>No. of People Supervised:</b> _____ <b>Hours per Week:</b> _____	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor:</b> _____ <b>Reason for Leaving:</b> _____
<b>C.</b> Month/Day/Year <b>From:</b> _____ <b>To:</b> _____ <b>No. of People Supervised:</b> _____ <b>Hours per Week:</b> _____	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor:</b> _____ <b>Reason for Leaving:</b> _____
<b>D.</b> Month/Day/Year <b>From:</b> _____ <b>To:</b> _____ <b>No. of People Supervised:</b> _____ <b>Hours per Week:</b> _____	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor:</b> _____ <b>Reason for Leaving:</b> _____

**CERTIFICATION AND AGREEMENT OF APPLICANT**

I certify that all statements made in this application and attachments are true in all respects and I understand and agree that misstatements and/or omissions of any material fact may be cause for disqualification or dismissal.

I also grant permission for the Regional Housing Authority to verify any and all information contained in these records by contacting current and former employers or any other person who has knowledge of my employment history. I release all such persons from any liability or damages on account of having furnished such information. *(Your current employer will not be contacted unless you are being considered a finalist in the recruitment process.)*

I understand and agree that employment with the Regional Housing Authority is contingent upon successful completion of all reference checks, background check, a job-related medical examination including a drug/alcohol test and my furnishing documentation involving employment authorization in accordance with the Immigration Reform and Control Act. All information received from these inquires will remain strictly confidential.

Arrangements can be made to accommodate applicants with qualifying disabilities. Please inform the agency in writing at the time the application is submitted. Verification of the disability from a licensed physician is required.

I understand and agree that employment with the Regional Housing Authority does not occur until successful completion of all employment procedures.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_