



# Housing America Corp.

FOR OFFICE USE ONLY	
Job # _____	
Supplemental Questionnaire Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No

130 N. State Avenue, Somerton, Arizona 85350  
 (928) 627-4221 Fax: (928) 627-4213

## Housing America Corporation's Mission Statement

*"Dedicated to improving communities in the area it serves by providing decent, safe, and affordable housing through education and economic opportunity to very-low, low, and moderate income individuals and families."*

## EMPLOYMENT APPLICATION

**READ THE FOLLOWING INSTRUCTION CAREFULLY BEFORE FILLING OUT THE APPLICATION FOR EMPLOYMENT**

All requested information must be furnished, including information requested on supplemental questionnaires. All information you provide will determine your eligibility for the position or further examination process.

If any item does not apply to you, write "NA" for Not Applicable. Note, for completing "Employment History": Fill in ALL spaces accurately and completely. Include all related work experience, including volunteer and military. All new HAC employees are required to produce documentation verifying their eligibility for employment in the United States at the time they are hired pursuant to Federal Law.

### INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

**(SEPARATE APPLICATION REQUIRED FOR EACH POSITION)  
 COPIES OF ORIGINAL APPLICATIONS ARE ACCEPTABLE**

POSITION APPLYING FOR: \_\_\_\_\_

I will Accept:

<input type="checkbox"/> REGULAR	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time

VETERANS POINTS (DD2-14 must be provided to receive preference points)	Yes	No
a) Were you Honorably discharged, following more than 180 days active U.S. Military Service?		
b) Were you Honorably discharged, have a service -connected disability and are receiving disability benefits under Federal Laws?		
c) Are you a spouse of a qualified veteran who has a service-connected disability? Or, are you a surviving spouse of a qualified veteran who died of a service-connected disability?		

## SECTION A: APPLICANT INFORMATION

**TYPE OR PRINT CLEARLY**

1. Name: \_\_\_\_\_  
Last First M.I.

2. \_\_\_\_\_  
Mailing Address (Street Name & Number)  
 \_\_\_\_\_  
City State Zip Code

3. Home Phone: \_\_\_\_\_ Message: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Are you currently Employed by Yuma County?  Yes  No

5. Have you ever been employed by Yuma County?  Yes  No

If Yes, dates employed: \_\_\_\_\_

6. Date you are available for work: \_\_\_\_\_

**SECTION B: EDUCATION AND TRAINING**

**TYPE OR PRINT CLEARLY**

7. Do you have a High School Diploma or G.E.D.:  Yes  No

Name of School: \_\_\_\_\_ City, State: \_\_\_\_\_

8. List Colleges, Universities, Trade or Business Schools Attended or any other training:

College/Trade School	City	State	Major	Degree	Type	Credit Hrs
				Y / N		
				Y / N		
				Y / N		

9. List position-related licenses, registrations, certificates or professional memberships:

Description	Number	Expires

10. If applying for positions with bilingual (English/Spanish) preference, please answer the following:

Are you proficient in the Spanish Language?  Yes  No

Speak  Read  Write  Translate

11. Please check all areas in which you are proficient:

Y	Software	Version	Y	Office Machines	Speed (if applicable)
	Corel Word Perfect			Typing	
	Corel Quattro Pro			10-Key by touch	
	Microsoft Word			Copiers	
	Microsoft Excel			Fax	
	Microsoft Access			Calculator	
	Microsoft Office			TDD	
	GroupWise			Multi-Line Phones	
	Adobe Acrobat Reader			Mail Postage Machine	
	Internet			Shorthand	
	Other			Other	

**SECTION C: EMPLOYMENT HISTORY**

**TYPE OR PRINT CLEARLY**

Begin with your present employment and work back. Account for all time during the past 10 years.

Include additional pages if necessary.

**IF YOU PROVIDE A RESUME, YOU MUST INCLUDE ALL THE INFORMATION REQUESTED ON SECTION C OF THE APPLICATION FOR EACH EMPLOYER, IN THE SAME FORMAT.**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY  
 Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Hours/Week Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_  
 May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_

**DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, DO NOT STATE "SEE RESUME"**

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Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY  
 Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Hours/Week Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_  
 May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_

**DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, DO NOT STATE "SEE RESUME"**

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**SECTION C: EMPLOYMENT HISTORY CONTINUED**

**TYPE OR PRINT CLEARLY**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY  
Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_

DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, **DO NOT STATE "SEE RESUME"**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY  
Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_

DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, **DO NOT STATE "SEE RESUME"**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C: EMPLOYMENT HISTORY CONTINUED**

**TYPE OR PRINT CLEARLY**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY MM DD YY  
Total: **Years** \_\_\_\_\_ **Months:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_  
**DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, DO NOT STATE "SEE RESUME"**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ **From:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **To:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY MM DD YY  
Total: **Years:** \_\_\_\_\_ **Months:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_  
**DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, DO NOT STATE "SEE RESUME"**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: IDENTIFICATION**

Do you have a valid Drivers License:  Yes  No If Yes, Provide:  
 License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No

**\*Convictions are evaluated in relation to job position and will not necessarily preclude employment.\***

If Yes, Provide Date \_\_\_\_\_ City/State \_\_\_\_\_

Nature of offense \_\_\_\_\_

**SECTION E: CERTIFICATE OF APPLICANT**

**READ CAREFULLY BEFORE SIGNING**

I, hereby, certify that the facts contained in this application are true, accurate and complete. I understand that any omissions or falsified statements on this application may be cause for disqualification for employment with Housing America Corporation to my dismissal. I, hereby, authorize Housing America Corporation to verify the accuracy of all statements contained in this application, resume, and/or supplemental, and any references and employers listed. I also authorize the employers/references listed to provide Housing America Corporation with all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information.

**“I further understand that, if employed in a grant funded position, my continued employment is contingent upon availability of funds and any position will be abolished when the grant expires unless alternate funding is secured.”**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

HUMAN RESOURCES DEPARTMENT  
 USE ONLY  
 DO NOT WRITE IN THIS SPACE

MEETS MINIMUM QUAL.

YES

NO

INCOMPLETE APPLICATION

LACKS EXPERIENCE

LACKS EDUC./CERT.

RECEIVED LATE

ANALYST INITIAL \_\_\_\_\_

DATE \_\_\_\_\_

How did you learn about this position?

- A.  State Employment Office
- B.  HAC's Employee
- C.  Bulletin Board
- D.  Newspaper
- E.  Website
- F.  Internet
- G.  Radio
- H.  Other:

**HOUSING AMERICA CORPORATION  
 IS AN EQUAL OPPORTUNITY EMPLOYER**

**TO BE COMPLETED VOLUNTARILY BY APPLICANT**

**HOUSING AMERICA CORPORATION  
ADMINISTRATION DEPARTMENT**

FOR OFFICE USE ONLY  
Job # \_\_\_\_\_

**Please complete this information for statistical purposes. It will be detached from the application, and will not be used to make employment decisions.**

**Position Applied for:** \_\_\_\_\_

**Sex:**  **Female**  **Male**      **Age Group:**  **Under 40**  **Over 40**

**Ethnic Category (Check One):**

1.  **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
2.  **Black (not of Hispanic origin):** All persons having origins in any of the black racial groups.
3.  **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
4.  **Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5.  **American Indian or Alaska Native:** All persons having origins in any of the original peoples of North America.

**HOUSING AMERICA CORPORATION**  
**EMPLOYMENT APPLICATION SUPPLEMENTAL INFORMATION**  
THE FOLLOWING INFORMATION MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION FOR  
EMPLOYMENT

**PRE- EMPLOYMENT DRUG TESTING POLICY:**

Housing America Corporation is committed to a drug-free workplace to protect the safety of workers and the public. It is the policy of Housing America Corporation that applicants submit to pre-employment drug testing to show they are drug free:

1. In consideration for my being considered for employment by the Housing America Corporation, I give my consent to, and authorize, any designated collection site, and a SAMHSA certified laboratory, to perform any testing necessary to determine the presence and/or level of illegal drugs in my urine.
2. I give my consent for the release to Housing America Corporation of the result of any medical tests pursuant to paragraph 1.above. All physicians, employees, and agents who work to perform services for the above organizations shall be held harmless from any action that may arise out of such test results being disclosed to Housing America Corporation and its agents and employees.
3. I understand and acknowledge that any of the following will constitute a violation of this Pre-employment Drug Testing policy for Housing America Corporation: a. Refusal to sign this or any related form. b. Failure to appear to be tested. c. Leaving the collection site for any reason prior to providing a sample. d. The adulteration of any sample. e. A positive test result.
4. As a result of Paragraph 3.above, any prior conditional offer of employment will be withdrawn.

**CONSENT AND AUTHORIZATION STATEMENT:**

In consideration of Housing America Corporation processing my application for employment, I acknowledge that I have read and understand the meaning of the above statement of policy and that I hereby consent and agree to the terms and conditions stated in paragraphs 1-4 above. This release from liability given by me to Housing America Corporation and its employees, and all others as mentioned previously shall apply to any right of action of any nature whatsoever that might accrue to me, my heirs, my personal representatives, successors and assigns. I acknowledge that failure to pass the drug test or any other stated conditions of employment will render me ineligible for employment with Housing America Corporation for a minimum of one (1) year.

\_\_\_\_\_  
Applicant's Printed Name      Date

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Parent or Guardian      Date

\_\_\_\_\_  
Witness      Date

\*If under 18, a parent or guardian's signature is required. I understand this authorization is valid for a period of two (2) years.