



HOUSING AMERICA CORPORATION

Human Resources Department

P.O Box 600 – 130 N. State Avenue, Somerton, Arizona 85350

(928) 627-4221 Fax: (928) 627-4213 (TDD) 1-800-223-3131

Housing America Corporation 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.”

JOB APPLICATION

Housing America Corporation is an **Equal Opportunity Employer** and encourages all qualified individuals to apply for open positions.

Please answer all questions completely and accurately. Incorrect or false statements and omissions of facts may be cause for rejection or dismissal.

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.

Position Applied For: _____					
Date you're available to work: _____					
I will Accept:	<input type="checkbox"/> Regular Full-time	<input type="checkbox"/> Temporary Full-time	<input type="checkbox"/> Volunteer Full-time		
	<input type="checkbox"/> Regular Part-time	<input type="checkbox"/> Temporary Part-time	<input type="checkbox"/> Volunteer Part-Time		

Applicant Information – Section A

Type or Print Clearly

Name: _____			
<small>Last</small>	<small>First</small>	<small>M.I.</small>	
Email Address: _____			
Mailing Address: _____			
<small>Street Name & Number</small>			
<small>City</small>		<small>State</small>	<small>Zip Code</small>
Telephone: Home: _____	Business: _____	Other: _____	
Can you provide verification of your eligibility to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess a valid Driver's License?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License Number: #: _____	State: _____	Class: _____	

Employment Record – Section C

Type of Print Clearly

Employed From: / / To: / /
MM DD YY MM DD YY

Title of your position: _____

Employer: _____

Address: _____
City State Zip

Phone: _____

Name and Title of Supervisor: _____

Number of employees supervised (if any): _____ Hours per week: _____

Reason for leaving: _____

May we contact employer? Yes No If no, please explain: _____

Duties of your position (**DO NOT STATE "SEE RESUME"**):

Employed From: / / To: / /
MM DD YY MM DD YY

Title of your position: _____

Employer: _____

Address: _____
City State Zip

Phone: _____

Name and Title of Supervisor: _____

Number of employees supervised (if any): _____ Hours per week: _____

Reason for leaving: _____

May we contact employer? Yes No If no, please explain: _____

Duties of your position (**DO NOT STATE "SEE RESUME"**):

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 or my dismissal. I, hereby, authorize Housing America Corporation to verify the accuracy of all statements contained in this application, resume, and/or supplemental, and employers listed. I also authorize the employers 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 my 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	<input type="checkbox"/>
NO	<input type="checkbox"/>
INCOMPLETE APPLICATION	<input type="checkbox"/>
LACKS EXPERIENCE	<input type="checkbox"/>
LACKS EDUC./CERT.	<input type="checkbox"/>
RECEIVED LATE	<input type="checkbox"/>
HR DIR. INITIAL	_____
DATE	

How did you learn about this position?

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

TO BE COMPLETED VOLUNTARILY BY APPLICANT

**HOUSING AMERICA CORPORATION
HUMAN RESOURCES DEPARTMENT**

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.