

FOR OFFICE USE ONLY Job Title:
Letter of Intention and Resume
$\square$ Yes $\square$ No

## HOUSING AMERICA CORPORATION

### **Human Resources Department**

P.O Box 600 – 130 N. State Avenue, Somerton, Arizona 85350 (928) 627-4221 Fax: (928) 627-4213 (TTY) 711

#### **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."

### EMPLOYMENT 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:			Temporary Full-time Temporary Part-time	[ ] [ ]	Volunteer Full-time Volunteer Part-Time		
	nformation – Secti	on A					
Type or Print C	Clearly						
Name:							
	Last		F	First		M.I.	
Email Address:							
Mailing Address:							
	Street Name	& Number					
	City		s	State	Zip Code		
Telephone:	Home:	Business	:		Other:		
Can you provide verification of your eligibility to work in the United States? [ ] Yes [ ] No							
Do you possess a valid Driver's License?				[ ] Yes	[ ] No		
Driver's Lice	nse Number: #:		State:		Class:		





Applicant Information — Section A cont.  History  Are you currently, or have you ever been employed by Housing America Corp? [] Yes [] No  If yes, provide dates employed:  Do you have any relatives employed by Housing America Corp? [] Yes [] No  If yes, give name, relationship and position title:  Have you ever been convicted of a felony?  Convictions are evaluated in relation to job position and will not necessarily preclude employment.  If yes, proved date, city, state, and nature of offense:  Education — Section B  Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate? [] Yes [] No  Name of School:
If yes, provide dates employed:  Do you have any relatives employed by Housing America Corp?  If yes, give name, relationship and position title:  Have you ever been convicted of a felony?  If yes, proved date, city, state, and nature of offense:  Education – Section B  Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate?  List below all post high school course work, special training or seminars that you have taken that are related to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. If you attended under a different name, please indicate.  Name of School, College,  Vocational School or Institute  City State  Title of Course or Major  Degree Type Certificates, Units, or Hours  Y/N  Y/N  Y/N
Do you have any relatives employed by Housing America Corp?  If yes, give name, relationship and position title:  Have you ever been convicted of a felony?  If yes I No  Convictions are evaluated in relation to job position and will not necessarily preclude employment.  If yes, proved date, city, state, and nature of offense:  Education – Section B  Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate?  Name of School:  List below all post high school course work, special training or seminars that you have taken that are related to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. If you attended under a different name, please indicate.  Name of School, College,  Vocational School or Institute  Title of Course or Major  Degree  Type  Certificates, Units, or Hours
If yes, give name, relationship and position title:  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, proved date, city, state, and nature of offense:  Education – Section B  Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate?  [] Yes [] No  Name of School:  List below all post high school course work, special training or seminars that you have taken that are related to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. If you attended under a different name, please indicate.  Name of School, College,  Vocational School or Institute  City State Title of Course or Major Degree Type Certificates, Units, or Hours  Y/N  Y/N  Y/N
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, proved date, city, state, and nature of offense:    Education - Section B
Convictions are evaluated in relation to job position and will not necessarily preclude employment.  If yes, proved date, city, state, and nature of offense:    Education - Section B
Education – Section B  Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate?  List below all post high school course work, special training or seminars that you have taken that are related to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. If you attended under a different name, please indicate.  Name of School, College, Vocational School or Institute  City State Title of Course or Major Degree Type Certificates, Units, or Hours  Y/N  Y/N  Y/N
Education – Section B  Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate?    State   Yes   No
Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate?    State   Yes   Name of School
Type or Print Clearly  Do you have a High School Diploma or G.E.D. Certificate?    State   Yes   Name of School
Do you have a High School Diploma or G.E.D. Certificate?    Name of School:
List below all post high school course work, special training or seminars that you have taken that are related to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. If you attended under a different name, please indicate.    Name of School, College, Vocational School or Institute
List below all post high school course work, special training or seminars that you have taken that are related to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. If you attended under a different name, please indicate.    Name of School, College, Vocational School or Institute
Vocational School or Institute  Y/N  Y/N  Y/N  Y/N
Y/N Y/N
Y/N
Professional License or Certificate or other credential, if required for this position:
1 To to bottom 2 To the to the total of the total transfer to the position.
Description Number Issued By Expiration Verified By Date
If applying for positions with bilingual (English/Spanish) preference, please answer the following:
Are you proficient in the Spanish Language? [ ] Yes [ ] No
If yes, Speak:       [ ] Yes       [ ] No       Read:       [ ] Yes       [ ] No         Write:       [ ] Yes       [ ] No       Translate       [ ] Yes       [ ] No
Please check all areas in which you are proficient:
[ ] Corel Word Perfect [ ] Adobe Acrobat Reader [ ] TDD
[ ] Corel Quattro Pro [ ] Internet [ ] Multi-line Phones
[ ] Microsoft Word [ ] Typing, speed: [ ] Mail Postage Machine
[ ] Microsoft Excel [ ] 10-key by touch, speed: [ ] Shorthand
[ ] Microsoft Office [ ] Copiers [ ] Other:
[ ] Microsoft Access [ ] Fax [ ] Other:
[ ] GroupWise [ ] Calculator





<b>Employment Record – Section</b>
<b>Type of Print Clearly</b>
I ist all the jobs you have held and perio

List all the jobs you have held and periods of unemployment	ent in the	nast ten ve	ars Put vour	resent or most rece	nt ich firet
Employed From: / / To:		/ past ten yea		a coent of most rece	ar jou mst.
MM DD YY MM	DD				
Title of your position:					
Employer:			Rate of Pa	ny:	
Address:			City	State	Zip
Phone:			City	State	Σip
Name and Title of Supervisor:					
Number of employees supervised (if any):			Н	ours per week:	
Reason for leaving:					
May we contact employer? [ ] Yes [ ] No	If no	o, please ex	plain:		
Duties of your position ( <b>DO NOT STATE "SEE R</b>	ESUM	E"):			
Duties of your position ( DO NOT STATE SEE R	ESC IVI	L )•			
	,	,			
Employed From: / / To:	_ /	_ /			
Title of your position:	DD	YY			
Title of your position:  Employer:			Data of Da	ıy:	
			Kate of Fa	ıy	
Address:			City	State	Zip
Phone:			chy	State	p
Name and Title of Supervisor:					
Number of employees supervised (if any):			н	ours per week:	
Reason for leaving:			11	ours per week.	
	***				
May we contact employer? [ ] Yes [ ] No	It no	o, please ex	plaın:		
Duties of your position ( DO NOT STATE "SEE R	ESUM	E"):			
	-				



Employment Record cont. – Section C				
Type of Print Clearly				
Employed From: / / / To: / / To: / / MM	/			
Title of your position:	DD YY			
Employer:		Rate of Pay: _		
Address:				
Phone:		City	State	Zip
Name and Title of Supervisor:	-			
· —		Цоиг	s per week:	
Number of employees supervised (if any):		Hour	s per week.	
Reason for leaving:	f no mlooso ovel	oim.		
May we contact employer? [] Yes [] No I		ain:		
Duties of your position ( DO NOT STATE "SEE RESU	)ME"):			
Employed From: / / To: /	/			
MM DD YY MM	DD YY			
Title of your position:	_			
Employer:		Rate of Pay:		
Address:	-			
Tadicss.		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 I				
Duties of your position ( <b>DO NOT STATE "SEE RESU</b>	INIE ):			





HR DIR. INITIAL

DATE

#### 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 How did you learn about this position? DO NOT WRITE IN THIS SPACE MEETS MINIMUM QUAL. YES State Employment Office NO B. **HAC** Employee INCOMPLETE APPLICATION C. **Bulletin Board** LACKS EXPERIENCE D. Newspaper **HAC** Website LACKS EDUC./CERT. E. RECEIVED LATE F. Internet

G.

H.

Radio

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.

]	Posit	ion Applied for:
E4l.		Sex: Female Male Age Group: Under 40 Over 40
LIII	ine C	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 County 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	Applic	ant's Signature Date	e
Parent or Guardian	Date	Witne	ss Date	Э

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



