



FOR OFFICE USE ONLY
 Job Title: _____
 Letter of Intention and Resume
 Yes 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 (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.”

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: Regular Full-time Temporary Full-time Volunteer Full-time
 Regular Part-time Temporary Part-time Volunteer Part-Time

Applicant Information – Section A

Type or Print Clearly

Name: _____
Last First M.I.

Email Address: _____

Mailing Address: _____
Street Name & Number

_____ City 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 License Number: #: _____ State: _____ Class: _____



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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? [] Yes [] No

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

If yes, provide 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: _____

City, State: _____

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		

Professional License or Certificate or other credential, if required for this position:

Description	Number	Issued By	Expiration Date	Verified By

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



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Employment Record – Section C

Type of Print Clearly

List all the jobs you have held and periods of unemployment in the past ten years. **Put your present or most recent job first.**

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

Title of your position: _____

Employer: _____

Rate of Pay: _____

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: _____

Rate of Pay: _____

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”**):



Employment Record cont. – Section C

Type of Print Clearly

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

Title of your position: _____

Employer: _____

Rate of Pay: _____

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: _____

Rate of Pay: _____

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

NO

INCOMPLETE APPLICATION

LACKS EXPERIENCE

LACKS EDUC./CERT.

RECEIVED LATE

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



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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.



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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

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.



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