

Human Resources Department, Housing Authority of the City of Los Angeles

APPLICATION INSTRUCTIONS

- A.** Please fill out this application carefully on your computer or in ink. Answer all questions accurately and completely. **YOU MAY BE DISQUALIFIED FOR ANY FALSE STATEMENT.** We suggest you keep a copy of each application you file.
- B.** You must file a separate application for each examination. Only currently employed Authority employees may file for Promotional examinations.
- C.** Your application **MUST BE RECEIVED IN** the Housing Authority Human Resources Department, 2600 Wilshire Blvd., Los Angeles, CA 90057 by the last date to apply.
- D. SIGNATURE-**This application must be signed (not printed) personally BY THE APPLICANT.
- E. APPLYING BY MAIL-**if you wish, you may file your application by mail. Be certain that you answer all questions on the application. Your application must be in the Human Resources Department by 4:30 p.m. on the **LAST DAY** for filing. A postmark prior to this time is not in itself sufficient.
- F. CONVICTION RECORD** (item 13)-The fact that you have a record may not keep you from getting a job, but you may lose your chance for this job if you do not list all your convictions. Your fingerprints may be sent to State or Federal agencies prior to employment.
- G. EDUCATION AND EXPERIENCE-** You should list a complete record of your training and experience. If more space is needed, attach additional sheets. Read the requirements section of the job bulletin carefully. All experience used to qualify for a position either paid or volunteer must be verifiable. Resumes received in lieu of fully completed applications will be rejected.
- H. ACCEPTANCE-** All applications are accepted on a tentative basis subject to later review. If we find later that you do not meet the bulletin requirements, your applications will be rejected.
- 1. EQUAL OPPORTUNITY-** The Housing Authority of the City of Los Angeles is an Equal Employment Opportunity/Affirmative Action Employer. We select our employees on the basis of merit, measured by examination, with specified limitations as to health, experience, education and police record. We request that you voluntarily answer questions on this form relating to sex, race/ethnic group and physical handicap, asked solely for the purpose of enabling the Human Resources Department to evaluate the results of the Authority's Affirmative Action Program, and for no other purpose.
- J. HANDICAP-** If you are physically handicapped, please call the Human Resources Department at 252-5395 for special assistance and job counseling. Please describe your disability in Box 1 1 on this form or on an attached sheet.
- K. SOCIAL SECURITY NUMBER-** Federal Law (P.L. 93 - 579, Sect.7) requires that you be informed when asked for your Social Security Number, that this number must be provided and that it will be used for identification purposes in the Authority's employment and payroll processes. Our authority for requesting, and requiring this information is based upon certain provisions of the Internal Revenue Code, and the Social Security Act as amended.



CONFIDENTIAL INFORMATION
WILL BE KEPT SEPARATE

THE FOLLOWING INFORMATION IS NECESSARY FOR THE HOUSING AUTHORITY TO EVALUATE ITS HIRING PRACTICES AND TO PREPARE REPORTS REQUIRED FOR THE STATE AND FEDERAL GOVERNMENT. THIS FORM WILL BE DETACHED FROM THE APPLICATION AND THE INFORMATION CONTAINED THEREIN WILL NOT BE USED IN DETERMINING YOUR EMPLOYMENT. YOUR COOPERATION IS APPRECIATED.

SEX:

- MALE
 FEMALE

ETHNIC GROUP/RACE

- CAUCASIAN
 BLACK

- HISPANIC
 ASIAN OR PACIFIC ISLANDER

- AMERICAN INDIAN OR ALASKAN NATIVE
 OTHER

AGE: _____ DISABILITY ACCOMODATION? EXPLAIN _____

NAME: _____ JOB TITLE: _____

HOW DID YOU HEAR ABOUT THE POSITIONS HERE AT HACLA?

WHICH ONE?

- NEWSPAPER _____
- INTERNET SITE _____
- RADIO _____
- WORD OF MOUTH _____