

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** – The 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 the filing deadline indicated on the job bulletin. A postmark prior to this time is not in itself sufficient.
- F. **CONVICTION RECORD** – 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 of 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.
- I. **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. **DISABILITIES** - If you are disabled, please call the Human Resources Department at 213.252.5400 for assistance.
- 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.
- L. The Housing Authority may not enter into any contract for supplies, equipment, construction and/or administration of services where an employee has a direct or indirect interest in such contract. In addition, the Authority may not enter into any contract or arrangement in connection with tenant-based programs, including the Section 8 Program, where an employee has any direct or indirect interest in such programs. **All individuals who have a direct or indirect interest in any Housing Authority contract for supplies, equipment, construction and/or administration of services shall be disqualified for employment with the Housing Authority.**



APPLICATION FOR EMPLOYMENT

2600 Wilshire Blvd., 5th Floor
 Los Angeles, CA 90057
 213/252-5400

Website Address: <http://www.hacla.org>

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

JOB TITLE: <hr/>	DATE: <hr/>	CHECK ONE: OPEN <input type="checkbox"/> PROMOTIONAL <input type="checkbox"/>
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SEE THE INSTRUCTION PAGE

PERSONAL DATA	NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NO. :
	PRESENT ADDRESS	NUMBER	STREET	BUSINESS PHONE ext.
	CITY	STATE	ZIP CODE	HOME PHONE
	WHAT LANGUAGE(S) DO YOU SPEAK OTHER THAN ENGLISH?			

GENERAL INFORMATION	WOULD YOU OBJECT TO THE HUMAN RESOURCES OFFICE CONTACTING YOUR PRESENT EMPLOYER FOR A REFERENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN SPACE BELOW	
	HAVE YOU PASSED AN EXAMINATION GIVEN BY THE HOUSING AUTHORITY IN THE PAST TWO YEARS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DATE	
	HAVE YOU PREVIOUSLY WORKED FOR THE HOUSING AUTHORITY? IF YOU HAVE BUT ARE NOT CURRENTLY EMPLOYED BY THE AUTHORITY COMPLETE THE SECTION TO THE RIGHT.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FROM (DATE)	
				TO (DATE)	
	HAVE YOU EVER BEEN DISCHARGED OR TERMINATED FOR ANY REASON OTHER THAN LAYOFF FOR LACK OF WORK OR HAVE YOU EVER RESIGNED TO AVOID DISCHARGE? HAVE YOU EVER RECEIVED A GENERAL OR DISHONORABLE DISCHARGE FROM THE MILITARY SERVICE? (CITE ALL CASES ATTACH ADDITIONAL SHEET IF NECESSARY.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EMPLOYER'S NAME AND ADDRESS	
				DATE	REASON FOR DISCHARGE
	DO YOU HOLD ANY ELECTIVE OR APPOINTED GENERAL OFFICE: FEDERAL, STATE OR LOCAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OFFICE AND JURISDICTION	
	DO YOU, YOUR SPOUSE OR ANY FAMILY MEMBER (1) OWN (in part or in full) ANY PROPERTY THAT IS UNDER ANY HACLA SUBSIDIZED PROGRAMS (Including but not limited to: Section 8)? (2) ARE IN THE CONTRACTING PROCESS WITH A PROPERTY THAT IS CURRENTLY OWNED? (3) DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY EMPLOYED BY HACLA OR RECEIVING SECTION 8 ASSISTANCE? (4) DO YOU OWN (full or partial interest) OR OPERATE A BUSINESS THAT TO YOUR KNOWLEDGE TRANSACTS BUSINESS WITH HACLA, ITS VENDORS, AND/OR RESIDENTS, INCLUDING, BUT NOT LIMITED TO A PART-TIME INTEREST SELLING PRODUCTS UNRELATED TO HACLA INTERESTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLANATION	
	ARE ANY RELATIVES (EITHER BY BLOOD OR MARRIAGE) EMPLOYED BY THIS AUTHORITY? IF YES, WHAT IS THE RELATIONSHIP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NAME, RELATIONSHIP, DEPARTMENT AND LOCATION	
DO YOU LIVE IN A PUBLIC HOUSING DEVELOPMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEVELOPMENT AND ADDRESS		

GENERAL INFORMATION	ARE YOU AN EMPLOYEE AND/OR OFFICER OF A CORPORATION, TRUST, LIMITED LIABILITY COMPANY, FOUNDATION OR OTHER SUCH ORGANIZATION THAT TO YOUR KNOWLEDGE TRANSACTS BUSINESS WITH HACLA OR ITS PROGRAMS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, COMPLETE FOLLOWING: Position Held By You:
				Business/Organization name:
				Address:
				Nature of Operation:
	ARE YOU A LICENSED CONTRACTOR THAT TRANSACTS BUSINESS WITH VENDORS/CONTRACTORS WHO TO YOUR KNOWLEDGE TRANSACTS BUSINESS WITH HACLA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE LIST THE NAMES AND ADDRESS OF VENDOR(S) WITH WHICH YOU TRANSACT BUSINESS:
	DO YOU HOLD A REAL ESTATE LICENSE THAT IS HELD WITH A BROKERING FIRM THAT TO YOUR KNOWLEDGE MANAGES ANY HACLA SUBSIDIZED PROPERTY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PROVIDE THE NAME AND ADDRESS OF THE BROKERAGE FIRM BELOW:
	DO YOU, YOUR SPOUSE OR ANY FAMILY MEMBER HAVE A CONTRACT, OR IS/ARE IN THE PROCESS OF BIDDING FOR VENDOR CONTRACTS WITH HACLA OR ANY OF ITS PROGRAMS?			IF YES, PROVIDE THE FOLLOWING: NAME
				RELATIONSHIP
				CONTRACT TYPE

The Housing Authority may not enter into any contract for supplies, equipment, construction and/or administration of services where an employee has a direct or indirect interest in such contract. In addition, the Authority may not enter into any contract or arrangement in connection with tenant-based programs, including the Section 8 Program, where an employee has any direct or indirect interest in such programs. Accordingly, all individuals who have a direct or indirect interest in any Housing Authority contract for supplies, equipment, construction and/or administration of services shall be disqualified for employment with the Housing Authority.

APPLICATION FOR EMPLOYMENT

2600 WILSHIRE BLVD., 5TH FLOOR
 LOS ANGELES, CA 90057
 AN EQUAL OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

LIST DRIVER'S LICENSE AND OTHER LICENSES AND CERTIFICATES REQUIRED BY THE EXAMINATION BULLETIN.	TITLE _____	
	NUMBER	EXPIRATION DATE
<p>Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? (Drunk, reckless or hit and run convictions are not minor driving violations.) The fact that you have a record may not prevent you from getting a job; however, you may lose your chance for this job if you do not list all convictions. You may be fingerprinted and your complete police record may be reviewed. (Failure to admit is cause for disqualification.)</p> <p style="text-align: center;">Write YES or NO.</p> <p style="text-align: center;">_____</p>		
LIST ALL CONVICTIONS BELOW AND ON ATTACHED SHEET IF NECESSARY		
OFFENSE	DATE	
LOCATION	FINE OR SENTENCE	
OFFENSE	DATE	
LOCATION	FINE OR SENTENCE	

Certification	I certify that all statements on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.
	_____ Signature Date
	LIST ALL NAMES USED IN THE LAST TEN YEARS

ELIGIBILITY REVIEW	DO NOT WRITE BELOW THIS LINE		
	STAFF NOTES:	LANG	
		EDUC	
		EXP	
		DR. LIC.	
	REASON REJECTED	SPEC LIC.	
		MIN. AGE	
		CIT.	
	DATE REJECTED	APPLICATION APPROVED BY:	APP. ALIEN
	BY:		DATE APPROVED:

NAME AND LOCATION OF COLLEGE OR TRADE SCHOOLS ATTENDED	COURSES COMPLETED SEM. UNITS OR QTR. UNITS		MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	SPECIFY DEGREES OR CERTIFICATES AWARDED

EXPERIENCE Begin With Your Most Recent Job. LIST ALL JOBS AND ANY PERIODS OF UNEMPLOYMENT IN THE LAST 10 YEARS. INCLUDE MILITARY SERVICE. ALSO LIST ANY JOBS YOU HELD MORE THAN 10 YEARS AGO WHICH RELATE TO THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING AND INDICATE THE NUMBER OF HOURS PER WEEK THAT YOU WORKED. ALSO LIST ANY VOUNTEER EXPERIENCE AT ANY TIME WHICH RELATES TO THE JOB FOR WHICH YOU ARE APPLYING. ALL EXPERIENCE USED TO QUALIFY FOR A POSITON EITHER PAID OR VOLUNTEER MUST BE VERIFIABLE.

DATES		EMPLOYERS		DUTIES
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE
TO (Mo. & Yr.)		ADDRESS		DUTIES
TOTAL MONTHS WORKED _____		CITY AND STATE		
MONTHLY SALARY		SUPERVISOR'S NAME	PHONE	
				REASON FOR LEAVING
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE
TO (Mo. & Yr.)		ADDRESS		DUTIES
TOTAL MONTHS WORKED _____		CITY AND STATE		
MONTHLY SALARY		SUPERVISOR'S NAME	PHONE	
				REASON FOR LEAVING
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE
TO (Mo. & Yr.)		ADDRESS		DUTIES
TOTAL MONTHS WORKED _____		CITY AND STATE		
MONTHLY SALARY		SUPERVISOR'S NAME	PHONE	
				REASON FOR LEAVING
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE
TO (Mo. & Yr.)		ADDRESS		DUTIES
TOTAL MONTHS WORKED _____		CITY AND STATE		
MONTHLY SALARY		SUPERVISOR'S NAME	PHONE	
				REASON FOR LEAVING
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE
TO (Mo. & Yr.)		ADDRESS		DUTIES
TOTAL MONTHS WORKED _____		CITY AND STATE		
MONTHLY SALARY		SUPERVISOR'S NAME	PHONE	
				REASON FOR LEAVING

OTHER PERTINENT EXPERIENCE LIST OTHER EXPERIENCE PAID OR VOLUNTEER, PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING AND WHICH HAS NOT BEEN ENTERED ABOVE. PLEASE INCLUDE SKILLS ACQUIRED DURING U.S. MILITARY SERVICE.

FROM TO _____	MONTHLY SALARY \$ _____	EMPLOYER _____	TITLE _____	DUTIES _____



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 ETHNIC GROUP/RACE
- MALE CAUCASIAN HISPANIC AMERICAN INDIAN OR ALASKAN NATIVE
- FEMALE BLACK ASIAN OR PACIFIC ISLANDER 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 _____