



OAKLAND HOUSING AUTHORITY

HUMAN RESOURCES DEPARTMENT
1619 Harrison Street, Oakland, CA 94612
(510) 874-1575 (VOICE) (510) 832-7331 (TDD)

OFFICE USE ONLY

L _ H _ S _ DATE _____

REASON _____

BY: _____

EXACT TITLE OF POSITION YOU ARE APPLYING FOR

1. NAME _____

LAST FIRST MIDDLE

2. ADDRESS _____

NUMBER STREET APT. NO.

3. CITY _____

STATE ZIP

4. HOME PHONE _____ 5. WORK PHONE _____

6. List any previous names under which you have worked, gone to school or served in the Armed Forces:

7. Soc. Sec. No. _____

8. If you are not a U.S. Citizen, do you have proof of your legal right to work in the U.S.?

YES [] NO []

9. HIGH SCHOOL _____ LOCATION _____

High School graduate? YES [] NO [] If no, GED? YES [] NO []
Circle college years completed: 1 2 3 4 5 6 7 8

Table with 7 columns: NAMES OF COLLEGES/UNIVERSITIES ATTENDED, Dates Attended, Course of Study/Major, Degree Awarded (YES/NO), Units Completed (Semester/Quarter), Type of Degree, Date Degree Completed

Table with 4 columns: 11. OTHER RELEVANT COURSES AND TRAINING, NAME & LOCATION OF INSTITUTION, Length of Course, Date Ended

Table with 4 columns: 12. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED, Serial No., Date Issued, Expiration Date

Table with 2 columns: 13. Drivers License: Number & State (If Required For This Position), 14. Typing Speed (If Required For This Position)

15. OTHER SKILLS

16. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW? DO NOT INCLUDE TRAFFIC VIOLATIONS UNDER \$125.00.

YES [] NO [] (IF YES) STATE NATURE AND DISPOSITION OF CASE(S) _____

(CONVICTION IS NOT A BAR TO CONSIDERATION FOR EMPLOYMENT. EACH APPLICATION IS REVIEWED IN RELATION TO THE JOB APPLIED FOR.)

17. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY EMPLOYEE OF THE AUTHORITY? YES [] NO []

(IF YES) NAME AND RELATIONSHIP _____

18. ARE YOU A RESIDENT OF PUBLIC HOUSING IN THE CITY OF OAKLAND? YES [] NO []

(IF YES) CONVENTIONAL [] SECTION 8 []

19. Give name, address and phone number of a person to contact in case of an emergency.

NAME PHONE

ADDRESS CITY



20. CERTIFICATE OF APPLICANT I certify that all statements made in this application are true, and I understand that misstatements or omissions of material facts herein may forfeit my rights to any employment.

X _____ DATE _____

SIGNATURE

THIS SECTION MUST BE FILLED OUT. You may attach a resume or other relevant documents to further describe your qualifications.

21. EMPLOYMENT HISTORY List your work record for the last 10 years. Begin with your most recent experience. Include self-employment and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

FROM MO. YR.	TO MO. YR.	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		ADDRESS	NAME OF SUPERVISOR AND TITLE
HOURS PER WEEK		CITY STATE ZIP CODE	TELEPHONE NUMBER

DUTIES

REASON FOR LEAVING

FROM MO. YR.	TO MO. YR.	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		ADDRESS	NAME OF SUPERVISOR AND TITLE
HOURS PER WEEK		CITY STATE ZIP CODE	TELEPHONE NUMBER

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DUTIES

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DUTIES

REASON FOR LEAVING

**OAKLAND HOUSING AUTHORITY
QUESTIONNAIRE
(VOLUNTARY)**

The Oakland Housing Authority is asking all applicants for employment to complete this form in order to comply with United States Government Equal Employment Opportunity and other federal requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. This information which you provide voluntarily will be kept confidential.

The Oakland Housing Authority is an equal opportunity employer.

DISABLED APPLICANTS: The Human Resources Department will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs, please call: (510) 874-1575 (VOICE) OR (510) 832-7331 (TDD).

Exact title of position you are applying for _____ DATE _____

NAME _____ (Optional) Date of Birth _____ Mo. _____ /Day _____ /Yr. _____

A. Are you Male Female B. Are you age 40 or over Yes No

C. ETHNIC ORIGIN (Please Check One)
 1. White 2. Black 3. Hispanic
 4. Asian or Pacific Islander 5. American Indian or Alaskan Native 6. Other

D. i. Do you have a disability, or are you regarded as having a disability, which substantially limits one or more of your major life activities, such as a hearing impairment, sight impairment, speech impairment, physical impairment, or a developmental disability? Yes No

ii. Will this impairment or disability limit your ability to compete in the examination process as described in the announcement flyer? Yes No

iii. If YES, please specify _____

E. Are you a Vietnam era veteran? Yes No

F. Are you a disabled veteran? Yes No

HOW DID YOU LEARN ABOUT THIS EXAMINATION?

- Bulletin Boards in Authority Offices Radio Announcement
 Phone call to Human Resources Office

IF ONE OF THE FOLLOWING, PLEASE SPECIFY THE SOURCE

- Posting of another agency _____
 Minority organization or group _____
 Women's organization or group _____
 Newspaper _____
 School/Career Center _____
 Other _____

VERIFICATION OF EMPLOYMENT ELIGIBILITY

As mandated by the Immigration Reform and Control Act of 1986, all candidates offered employment after November 6, 1986 must provide written proof that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents including United States Passport; State-issued Driver's License; Social Security Card; Birth Certificate; or other acceptable documents that establish identity and eligibility to work in the U.S.