

Housing Authority of the County of Merced

405 U STREET MERCED, CA 95341 PHONE (209) 722-3501 TDD 711 or 800-855-7100 www.merced-pha.com

EMPLOYMENT ANNOUNCEMENT ELIGIBILITY SPECIALIST I

(Internal/External Recruitment)

FINAL FILING DATE

September 7, 2018

SALARY

\$1,214.17 - \$1,475.83

(Bi-weekly/DOQ)

NATURE OF THE POSITION

An entry level position, performing eligibility tasks associated with Housing Choice Voucher Program (Section 8) participants. Finalizes eligibility work-up and prepares the necessary verification, forms and computations to allow continued participation in the program. Prepares correspondence to clients and owners/agents and insures completeness of client and owner information, as well as client files. When skill is attained, negotiates renewal rents with owners. Prepares rent reasonableness reports as required. Performs clerical duties in conjunction with designated duties.

ESSENTIAL JOB DUTIES

(Include but not limited to the following)

<u>Essential functions</u> may be assigned in whole or in part to employees within this classification for the benefit of the Housing Authority, and may include, but are not limited to the following:

- Determines financial and occupancy of current participants.
- Verifies eligibility through the use of written third-party or affidavit documentation.
- Reports suspected cases of impropriety or fraud involving clients/owners/agents to the designated supervisor with supporting documentation.
- Prepares documentation such as leases, approval requests, contracts and other associated documentation concerning leasing and lease renewals.
- Formats, structures and prepares letters to owners/clients/agents involving questions of leasing and eligibility.
- Responsible for documentation in the client files.
- Assists in gathering and finalization of data for use at informal and informal hearings.
- Prepares rent reasonableness documentation when applicable.



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- Works closely with staff to finalize tenancy.
- Performs federal housing quality standards opening and closing inspections as needed.
- Conducts follow-up actions on below-quality conditions.
- Counsels clients on sub-standard housekeeping conditions.
- Inputs detailed data into the existing computer system, including both eligibility and leasing data.
- Through the probationary period, shows a progression with periodic evaluations and acquires a working knowledge of Federal Housing Quality Standards, HCV Administrative Plan and HCV Internal Operating Procedures.
- Performs other related tasks within the job description.

OUALIFICATIONS

An individual must be able to perform each essential duty satisfactorily. The requirements listed herein are representative of the knowledge, skill, and/or ability required to perform these essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Knowledge of: methods, practices and terminology used in filing and office procedures.

Ability to: perform clerical/records tasks, perform related work of this nature of average difficulty without close supervision, post and make arithmetic computations rapidly and accurately, follow oral and written instructions, operate various office equipment and input information accurately into the current computer system. Have an aptitude and propensity for dealing with people; orderliness and have a neat personal appearance. Must attain a working knowledge of the Administrative Plan as well as the internal probationary and training period.

Skill to:

- Operate computer programs within a Windows XP or upgraded program environment, including Word, Excel, and agency-developed software programs.
- Properly operate electronic calculators and related department equipment; show planning, organizational and time management skills in establishing personal work priorities to ensure completion of job tasks within a specified time frame, and demonstrate effective oral and written communication skills.



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- Must also demonstrate a keyboard entry rate of at least 30 wpm. within a computer word processing program.
- Also, be able to apply effective training and mentoring techniques, and to safely operate a motor vehicle.
- Bilingual skills are desirable.

Education and Experience:

- Equivalent to two years of college (48 units or more) and practical experience in the performance of general office record keeping and general office procedures.
- In lieu of the educational requirement, one (1) year of actual experience in an office or one year of housing inspection will be accepted as equivalent to one year (24 units) of completed college education

License:

Mandatory to possess a valid California Driver's license, and must present DMV printout if required by employer for verification. Applicant must also be insurable and acceptable to the insurance company providing auto insurance to the Housing authority.

Employment is conditional upon acceptable recommendations pertaining to an examination and verification of employment information and background, as well as a pre-employment physical examination with drug screening, both at the expense of the Housing Authority.

PHYSICAL DEMANDS

Must be able to verify that physical condition is satisfactory for the requirements of the position. Employees must demonstrate the ability to satisfactorily and safely perform the essential functions of the job, with or without reasonable accommodation, for disabled individuals as defined within the Americans with Disabilities Act of 1990, as amended. Initial employment shall be conditional on such verification and determination by a required standard preemployment physical at the expense of the employer. Existing Housing Authority employees are exempt from satisfying this criteria regarding the conditionality of employment prefaced by a pre-employment physical.

SELECTION PROCESS

Applications will be screened on the information submitted and part of the screening process may include a written exercise. The applicants determined to be qualified will be invited for further evaluation before an oral interview panel.

To be an employee of the Housing Authority, a person must be a citizen of the United States, or an alien who has been either lawfully admitted for permanent residence or authorized to be employed under the terms of the Immigration and Nationality Act, as amended, or as directed by the Attorney General. Must also attest to the fact that he/she is a United States citizen or alien admitted for permanent residence or authorized employment, and must provide supporting documents to show identify and employment authorization.

The Housing Authority of The County of Merced is a drug-free workplace. Employees must adhere to the drug-free policy and certify to their drug-free status.

Union Represented Position/FLSA Non-Exempt

EMPLOYMENT INFORMATION AND EMPLOYEE BENEFITS

The Housing Authority of the County of Merced has been providing quality housing for the citizens of Merced County since 1942. Over the years the organization has grown and developed to meet the changing needs of its residents. The primary objective of the Housing Authority is to provide decent, safe and sanitary housing to low-income families at an affordable price. Our mission is to provide this housing within an environment that fosters the advancement of low-income families from a position of dependency to one of self-sufficiency.

In the County of Merced, the Housing Authority serves a total of 3469 households, including 2650 HCV vouchers, 415 Public Housing units, 313 Migrant Farm Labor units and 285 Housing Authority owned residential properties.

Employee Benefits

Flex Work Schedule: The Agency works a 9/80-work schedule; closed every other

Vacation: Ten days of paid vacation. An additional five days per year of annual leave is provided after completion of 5, 10, 15, and 20 years.

Holidays: 16 paid holidays annually.

Sick Leave: 12 days of paid sick leave annually with unlimited accumulation.

Retirement: The Housing Authority participates in both Social Security and Public

Employee's Retirement System (CalPERS).

Deferred Compensation: The Agency offers a deferred compensation plan to all employees.

Health/Life Insurance: Employees are eligible for participation in life, medical, dental and vision insurance with a medical allowance. Dependents may participate in medical, dental and vision insurance. Employees can also participate in the Flex 125 plan.

Disability Leave and Workers' Compensation: The Housing Authority also participates in the State Disability Insurance Program and the California Housing Workers Compensation Authority.

DIRECT INQUIRES FOR EMPLOYEMNT APPLICATIONS TO

Housing Authority of the County Of Merced **ATTN: Maria F. Alvarado** 405 'U' Street, Merced, CA 95341

(209) 386-4139

Email: mariaa@merced-pha.com www.merced-pha.com

No resumes will be accepted in lieu of completed agency application. All applicants must submit a complete and signed agency application and supplemental questionnaire; no postmarks will be accepted. The Housing Authority will not respond to telephone or electronic inquires regarding your application status.

- **❖** Drug/alcohol tests are conducted as part of the pre-employment physical.
- Criminal/background check and verification of current/previous employment are included in the pre-employment screening process.
- **❖** Prior to employment you must furnish proof of your identity and eligibility for employment in the United States.
- **An equal opportunity employer.**

APPLICATION FOR EMPLOYMENT

HOUSING AUTHORITY OF THE COUNTY OF MERCED 405 'U' Street, Merced, California 95341 (209) 722-3501

INSTRUCTIONS

- 1. Please Type or Print in Ink.
- 2. Complete ALL PAGES of this application.
- 3. Keep this office informed of ANY CHANGES in your address or phone number.

NOTE: Applications not properly completed with all requested information will be subject to rejection.

| NAME: | | | | PHONE: | | |
|------------------|---------------------------|--|---------------------|--------------------|-------------------------------|-------|
| MAILING | (Last) ADDRESS: | (First) | (MI) | | | |
| | | (P.O. Box) | | (Street Address) | | |
| | (City) | | (State) | | (Zip Code) |) |
| Name And Ph | one Number Of A P | erson Who Can Always Reach | n You | <u> </u> | <u>Your</u> Social Security N | umber |
| POSI | TION APPLIE | D FOR: | | | | |
| (Employ | ment is subject | u provide proof of age to verification that applica on must be provided with | ant's age meets leg | | Yes [] N | 0[] |
| 2. Have | you ever beer | employed by the Ho | ousing Authority | ? | Yes [] N | 0[] |
| • | member of yousing Authori | our immediate family ty? | now employed l | ру | Yes [] N | 0[] |
| If "YE | S", to <u>whom</u> a | re you are related? | | _ | | |
| (Emplo | | nship to you? ubject to restrictions of cu | ırrent nepotism po | licy regarding the | e definition of | |
| or hav from a | • | | | | Yes [] N | 0[] |
| | , <i>3</i> , p.a ran | | | | | |

APPLICATION FOR EMPLOYMENT Housing Authority Of The County Of Merced Page 2

| 5. | Are you applying for veteran's preference consideration? (If "Yes", submit a copy of form DD-214 verifying eligible service along with your application BEFORE the final filing date.) | Yes [|] | No | [|] |
|----|--|-------|---|----|---|---|
| 6. | Please list any languages in addition to English that you speak or write well enough to act as an interpreter: | | | - | | |
| 7. | Do you possess a VALID California driver's license? | Yes [|] | No | [|] |
| | License No: Expiration Date: | | | | | |
| 8. | Are there any hours, shifts, or days you cannot or will not work? | Yes [|] | No | [|] |
| | If "Yes", please explain: | | | _ | | |
| 9. | Are you legally eligible for employment in the United States? (Successful candidate will be required to provide proof of identity and eligibility for employment within 3 days of beginning employment.) | Yes [|] | No | [|] |
| 10 | . If you are selected the successful candidate for this position, on what date will you be available for work? | | | - | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | - | | _ | |
| | EDUCATION AND EXPERIENCE | | | | | |
| | High School: 9 10 11 12 High School Graduate? (Circle the HIGHEST Grade You Completed) | Yes [|] | No | [|] |
| | If you DID NOT graduate, do you have a GED certificate? | Yes [|] | No | [|] |
| | Name of High School Location of School | | | - | | |

APPLICATION FOR EMPLOYMENT Housing Authority Of The County Of Merced Page 3

| Name And Location Of | Major | Unit | Credits | Degree | Degree |
|--------------------------------------|-----------------|----------|-----------|-------------|--------|
| College(s) or University(s) Attended | Course Of Study | Semester | Quarterly | Туре | Date |
| | | | | | |
| | | | | | |
| Business, Correspondence or | Course Of Study | | Cert | Certificate | |
| Trade Schools Attended | | | | Тур | e/Date |
| | | | | | |
| | | | | | |

EMPLOYMENT EXPERIENCE

INSTRUCTIONS: Fill out <u>ALL AREAS</u> below. List each job held. Start with your PRESENT or last job. Include military and volunteer activities. (Attach an additional sheet for more than 3 employers.) Failure to provide all information may result in your application being considered incomplete.

DO NOT MERELY ATTACH A RESUME WITH A NOTATION TO "SEE ATTACHED RESUME".

| 1. Employer: | Work Performed: | Dates Employed: |
|---------------------------------|-----------------|------------------------------------|
| Address, City, State, Zip Code: | | Job Title: |
| Supervisor's Name: | | Salary Starting: Salary Ending: |
| Phone #: () | 1 | Per: []hr. []month |
| Reason For Leaving: | | |
| 2. Employer: | Work Performed: | Dates Employed: |
| Address, City, State, Zip Code: | | Job Title: |
| Supervisor's Name: | | Salary Starting: Salary Ending: |
| Phone #: () | | Per: []hr. []month |
| Reason For Leaving: | | |
| 3. Employer: | Work Performed: | Dates Employed: |
| Address, City, State, Zip Code: | | Job Title: |
| Supervisor's Name: | | Salary Starting: |
| Phone #: () | _ | Salary Ending: Per: []hr. []month |
| Reason For Leaving: | | |

APPLICATION FOR EMPLOYMENT Housing Authority Of The County Of Merced Page 4

List below any additional information which will aid the Housing Authority in the evaluation of your qualifications for the position for which you are applying. As an example, you may list any special licenses, certificates or honors you have which are applicable. Attach additional sheets if necessary.

| Date Issued | Type of special license, certificate or honor | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | n which you | ment such as typewriter, o are experienced in operati | | | |
| Equipme | ent Type | Describe Applicable Ex | perience | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| List any cor | nputer softv | ware programs you have | | | |
| Program | n Name | ı | Level Of E Beginner | Expertise (Ch Intermediate | neck One): Expert |
| riogian | TName | | Degimei | intermediate | Lxpert |
| | | | | | |
| | | | | | |
| | | | | | |
| Certification | of material | I facts/representation: | | | |
| in arriving at offer of emplinformation g | an employm oyment. In jiven in my a | nent decision. I understan the event I am subseque | nd that this ap ently employe may result in | oplication is no ed, I understa discharge. If | oplication as may be necessary of intended to be a contract or and that false or misleading urther certify that the answers |
| | Signatu | re of Applicant | | - | Date |

HOUSING AUTHORITY OF THE COUNTY OF MERCED

Supplemental Application For The Position Of:

ELIGIBILITY SPECIALIST I

This supplemental application <u>MUST BE COMPLETED AND RETURNED</u> with the regular Agency employment application. Attach additional pages if needed to completely answer the <u>following questions to the best of your ability.</u>

| Na | me: |
|----|--|
| 1. | Describe your experience in working within a traditional office environment which involves interaction with clients, either in person or on the phone? (Be specific as to the type of work you were doing; the range of clientele being served, and the types of office skills that you most utilized in this position.) |
| | |
| | |
| 2. | Describe your experience in performing eligibility calculations. Please detail the type of client informational calculations required; the type of format used to record the information, and how the information was utilized in a final determination. |

| Supplemental Question | naire |
|---------------------------------|-------|
| Eligibility Specialist I | |
| Page 2 | |

| 3. | Please describe what you believe is good customer service. Explain what has been the most |
|----|---|
| | difficult aspects of customer service you have experienced and how you handled the |
| | instances? |

4. Describe your experience with windows based data entry. <u>Be specific</u> and list the types of software programs you have a working experience with, especially any that are specific to property management or case management/client records tasks.

Supplemental Questionnaire Eligibility Specialist I Page 3

| 5. | Describe your experience in working with a diverse population that includes individuals with disabilities, limited English proficiency and various racial, ethnic and economic backgrounds. |
|-----|---|
| | |
| | |
| | |
| | |
| | Describe your experience in working directly with clients in a mentoring or problem-solving role. |
| | |
| | |
| | |
| kno | hereby certify that the statements provided herein are true and complete to the best of my owledge. I understand that false or misleading statements or information may result in my qualification as an applicant or subsequent discharge as an employee." |
| Sig | ned: Date: |



LIST OF EMPLOYMENT REFERENCES

As noted in this job announcement packet, this recruitment process includes a background check of all applicants for employment with the Housing Authority. While we normally utilize the employer information contained in the "Employment Experience" section of the application, many times this information is not current or sufficient for us to make a reasonable inquiry.

As our decision regarding an applicant's status cannot be completed without sufficient investigation, please provide the following references <u>in addition to</u> any you have listed within the "Employment Experience" section of the application. Failure to fill out either the Employment Experience section of the application, or this form, will result in your application being declared "Incomplete." References listed on this form can be persons who have worked with you, in recent past or current employment situations. They should be persons for whom you can provide a current mailing address and/or phone number to enable us to contact them in a timely manner.

Prior to furnishing their personal information to the Housing Authority, you should contact your references and advise them of your intent to include them as a background resource. Both yourself and your references should understand that failure to respond to a background inquiry within a specified timeframe may compromise your ability to be considered as a finalist for the position. Information provided by your references will be maintained as *confidential* to the full extent allowed by law, and the Housing Authority may advise you regarding the results of the background disclosures.

Please fill out the back side of this form, and return it to the Housing Authority along with your employment application; supplemental application; applicant characteristic survey (optional), your resume, and any other pertinent documents. Please be advised that you should only attach copies of important personal documents rather than originals, as we cannot be responsible for insuring their safe and prompt return.

COMPLETE OTHER SIDE OF FORM AND RETURN WITH APPLICATION

| Name: | | | |
|---|------------------------|--------------------|----------|
| Position Applied For: | | | |
| Please state <u>COMPLETE</u> addresses includ | ling city, state and z | ip code. | |
| Personal References: | | | |
| Name: | | | |
| Phone #: () | | | |
| Phone #: () | City: | State: | Zip: |
| 110101 | | | |
| Business Name Or Relationship Status: | 7 | | |
| Date Employed Or Years Associated With Y | Course IV- | r 1NI- | |
| Is This Person Related To You By Marriage | Or Birth? [] Yes | [] No | |
| | | | |
| Name: | | | |
| Name: Phone #: () | | | |
| Mailing Address: | City: | State: | Zin: |
| Phone #: () | Oity | State | _ |
| Business Name Or Relationship Status: | | | |
| Date Employed Or Years Associated With Y | You: | | |
| Is This Person Related To You By Marriage | | | _ |
| , , | | | |
| | | | |
| Name: | | | |
| Phone #: () | | | |
| Name:Phone #: () | City: | State: | Zip: |
| Title: | | | |
| Business Name Or Relationship Status: | | | |
| Date Employed Or Years Associated With Y | You: | | |
| Is This Person Related To You By Marriage | Or Birth? [] Yes | [] N | |
| | | | |
| N | | | |
| Name:Phone #: () | | | |
| Phone #: () | City | | 7: |
| /1541aa | | State: | zīp: |
| D ' N O D 1 (' 1' 0) (| | <u></u> _ | |
| Date Employed Or Years Associated With Y | You: | | |
| Is This Person Related To You By Marriage | | [] N | |
| is this reison related to rou by Maillage | or Dimite Jies | Γ] _{1,4} | |

CONFIDENTIAL

HOUSING AUTHORITY OF THE COUNTY OF MERCED

SECTION 3-RESIDENT ELIGIBILITY CERTIFICATION

If you live in a Housing Authority public housing complex, are a Section 8 participant with the Housing Authority or live within the County of Merced and are considered a "low-income" family or individual, as defined in Section 135.5, you may be eligible for a hiring preference. If you wish to qualify for the Section 3 preference, you must submit the information requested below. Your response is voluntary. If you do not want to submit this information, your eligibility for employment will not be affected.

| Name: | | | | | |
|--------------------------------|---------------|-------------------------|---|---|-----------------------|
| (Print) First | | Middle | Last | | _ |
| | | | | | |
| Permanent Address: | | | | | |
| | Number | Street | City | Zip Code | |
| I, | gibility guid | am lelines for a low | a legal resident of or very low-income | the County of Me person as published | rced and ed on the |
| I have attached the | following | documentation | as evidence of my s | tatus: | |
| Copy of Lease Copy of evidence | | | | | |
| If not applicable, plea | ase check l | nere: | | | |
| I declare under pena | Ity of perju | ry that the inform | ation provided is tru | e and correct. | |
| Signature: | | | Dat | e: | |

All residents of public housing developments of the Housing Authority of The County of Merced qualify as Section 3 residents. Additionally, individuals residing in the County of Merced who meet the income limits set forth below, can also qualify for Section 3 status.

| Number in Household | Very Low Income | Low Income |
|---------------------|-----------------|------------|
| 1 individual | \$20,300 | \$32,450 |
| 2 individuals | \$23,200 | \$37,050 |
| 3 individuals | \$26,100 | \$41,700 |
| 4 individuals | \$28,950 | \$46,300 |
| 5 individuals | \$31,300 | \$50,050 |
| 6 individuals | \$33,600 | \$53.,750 |
| 7 individuals | \$35,900 | \$57,450 |
| 8 individuals | \$38,250 | \$61,150 |
| 9 individuals | \$40,550 | \$64,800 |
| 10 individuals | \$42,850 | \$68,500 |
| 11 individuals | \$45,150 | \$72,250 |
| 12 individuals | \$47,500 | \$75,950 |

The Housing Authority of the County of Merced offers affordable housing opportunities in our community, free from discrimination, to enhance the quality of life for those we serve.