

**THE HOUSING AUTHORITY OF THE COUNTY OF MERCED  
ANNOUNCES AN OPENING FOR:**

**ELIGIBILITY SPECIALIST I**

(Open & Promotional)

**FINAL FILING DATE**

**OPEN UNTIL FILLED**

**SALARY RANGE**

**\$1,366.82 to \$1,661.38**

(Bi-Weekly, D.O.Q.)

**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)

*Essential functions* 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.
- 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.

**QUALIFICATIONS:**

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.
- 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 pre-employment physical at the expense of the employer. Existing Housing Authority employees are exempt from satisfying these 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

**EMPLOYEE BENEFITS:**

Initially, ten (10) days of paid vacation per year. An additional five days per year of annual leave is provided after completion of 5, 10, and 15 -year service levels. 12 days of paid sick leave per year with unlimited accumulation; 14 paid holidays plus two floating holidays; bereavement leave; fully paid medical, dental (w/orthodontia benefits), vision and life insurance coverage for employee; catastrophic leave; unemployment insurance; State Disability Insurance (SDI); Worker's Compensation Insurance; Public Employees' Retirement System (PERS); medical benefit allowance. Dependent medical, dental (w/orthodontia benefits) and vision plans, employee deferred compensation and flex 125 benefit plans are available for employee participation. Limited educational reimbursement benefits are available after 2 years of employment.

This position is represented by the American Federation Of State, County and Municipal Employees, AFL-CIO under an Agency shop agreement.

**AN EQUAL OPPORTUNITY EMPLOYER. WOMEN, MINORITIES AND THE  
DISABLED ARE ENCOURAGED TO APPLY.**

## DIRECT INQUIRES FOR EMPLOYMENT 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](mailto:mariaa@merced-pha.com)

[www.merced-pha.com](http://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.**

# HOUSING AUTHORITY OF THE COUNTY OF MERCED

## Supplemental Application For The Position Of:

## ELIGIBILITY SPECIALIST I

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

**Name:** \_\_\_\_\_

- 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.**

**(Continue On Back Of Sheet)**

**Supplemental Questionnaire**  
**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. **Be specific** 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**  
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**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.**

**6. Describe your experience in working directly with clients in a mentoring or problem-solving role.**

**“I hereby certify that the statements provided herein are true and complete to the best of my knowledge. I understand that false or misleading statements or information may result in my disqualification as an applicant or subsequent discharge as an employee.”**

**Signed:** \_\_\_\_\_ **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 **in addition to** 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 **COMPLETE** addresses including city, state and zip code.

**Personal References:**

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] No

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

**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, \_\_\_\_\_ am a legal resident of the County of Merced and meet the income eligibility guidelines for a low or very low-income person as published on the reverse side of this sheet.

I have **attached the following documentation** as evidence of my status:

- ☐ Copy of Lease    ☐ Copy of receipt of public assistance    ☐ Other evidence  
☐ Copy of evidence of participation in a public assistance program

If not applicable, please check here: ☐

I declare under penalty of perjury that the information provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.*

## Section III

### **301. Eligibility Specialist I**

#### Definition:

At the entry level, perform eligibility tasks associated with HCV 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. Insures completeness of client and owner information, as well as client files. When skill is attained, negotiates renewal rents with owners (Certificate program only). Prepares rent reasonableness reports as required. Conducts federal housing quality inspections to qualify housing for Section 8 programs. Performs clerical duties in conjunction with designated duties.

#### Example of Duties:

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/agents/clients 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 formal hearings. Prepares rent reasonableness documentation when applicable. Works closely with staff to finalize tenancy. Also performs federal housing quality standards opening and closing inspections involving subsidized housing. Conducts eligibility re-examinations in the home, annually. 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.

#### Employment Standards:

General knowledge of the methods, practices and terminology used in filing and office procedures. Performs clerical/records tasks and has the ability to perform related work of this nature, of average difficulty, without close supervision. Ability to post and make arithmetic computations rapidly and accurately. Ability to follow oral and written

### Eligibility Specialist I (Continued):

instructions. Ability to operate various office equipment, including the ability to accurately input information into the current computer system. Ability to type 30 words per minute; have a knowledge of modern office practices and procedures. 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. Employee must maintain an illegal drug-free posture.

### Education:

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. One 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.

### Other Qualifications:

Must be able to verify that physical condition is satisfactory for the requirement of the job. Employees must demonstrate the ability to 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 as determined by a required standard pre-employment 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.

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 identity and employment authorization.

(Revised 4/94



## **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](http://www.merced-pha.com)

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### **Notice to Applicants**

#### **Regarding Application Status**

Applicants for positions with the Housing Authority of the County of Merced (Authority) will be notified regarding their applicant status. Such notification will be done only in writing.

The Authority will not respond to telephone requests for an application status. The information on an application is of a confidential nature and it is not feasible to request adequate verification of the caller's identity prior to discussing any personal information.

You should receive some written communication regarding the status of your application within 4-6 weeks of the closing date of recruitment.

#### **Regarding Required Drug Testing**

Pursuant to the Drug-Free Workplace Act of 1988, the Authority is required to certify its compliance in providing a drug-free workplace that is free from the illegal manufacture, distribution, dispensation, possession, sale and use of illegal drugs, and the use, possession or distribution of alcohol. All applicants who are extended a Conditional Offer of Employment, shall as part of their pre-employment physical, voluntarily submit to blood and/or urine testing for the presence of alcohol or illegal drugs. Refusal to submit to the required drug testing or any other component of the pre-employment physical examination will result in withdrawal of the employment offer.

Applicants with a confirmed positive test result will be denied employment. The Authority will not discriminate against applicants for employment because of a past history of drug abuse. Therefore, individuals who have failed a pre-employment drug test may reapply for employment with the Authority for any subsequent public recruitment for which they are qualified, after a period of no less than six (6) months. If they achieve the status of a successful candidate for a subsequent recruitment, they must present themselves as drug-free at that time.

Applicants for employment who are public housing residents or Section 8 participants should be advised that in the course of a preemployment physical, a positive test result indicating illegal drug use, in addition to denial of



employment, may also cause eviction and/or termination from public housing programs.

**Regarding Employment Background Inquiries**

California Civil Code Section 47 as amended on January 1, 1995, extends the protection concerning privileged communications to employment references. Its primary purpose is to encourage previous employees to openly and fairly respond to questions from the Authority concerning your past employment situations.

These inquiries are intended to verify the information which you have provided on your application and to furnish the Authority other pertinent information relevant to your job qualifications and employment experience. Information received from these inquiries will remain **STRICTLY CONFIDENTIAL**. Background verifications may be conducted either directly by the Authority or through a third-party investigative consumer reporting agency. Disclosure of information which is received through the background verification process may be disclosed to you in accordance with current California Civil Code Sections 1785 and 1786. In the event that the information received qualifies for disclosure, you may receive a summary of the information reported to the Authority, although the source of the information may be confidential.

Only finalists for this position will be required to sign an information release allowing the Authority to make these inquiries as part of a background investigation. Finalists will be ranked according to oral appraisal; written examination and any other required skills testing scores as stated in the job announcement. A final, conditional offer of employment will be tendered to the successful candidate after consideration and review of all relevant factors.

# HOUSING AUTHORITY OF THE COUNTY OF MERCED

## Supplemental Application For The Position Of:

## ELIGIBILITY SPECIALIST I

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

**Name:** \_\_\_\_\_

- 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.**

**(Continue On Back Of Sheet)**

**Supplemental Questionnaire**  
**Eligibility Specialist I**  
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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. **Be specific** 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**  
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**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.**

**6. Describe your experience in working directly with clients in a mentoring or problem-solving role.**

**“I hereby certify that the statements provided herein are true and complete to the best of my knowledge. I understand that false or misleading statements or information may result in my disqualification as an applicant or subsequent discharge as an employee.”**

**Signed:\_\_\_\_\_ Date:\_\_\_\_\_**

# 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: \_\_\_\_\_  
(Last) (First) (MI)

MAILING ADDRESS: \_\_\_\_\_  
(P.O. Box) (Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
Name And Phone Number Of A Person Who Can Always Reach You

\_\_\_\_\_  
Your Social Security Number

POSITION APPLIED FOR: \_\_\_\_\_

1. If employed, can you provide proof of age? Yes [ ] No [ ]  
(Employment is subject to verification that applicant's age meets legal requirements. Verification must be provided within your first 3 working days.)

2. Have you ever been employed by the Housing Authority? Yes [ ] No [ ]

3. Is any member of your immediate family now employed by the Housing Authority? Yes [ ] No [ ]

If "YES", to whom are you are related? \_\_\_\_\_

What is their **relationship** to you? \_\_\_\_\_  
(Employment may be subject to restrictions of current nepotism policy regarding the definition of "immediate family.")

4. Were you ever discharged, rejected during a probationary period, or have you resigned under pressure of unfavorable circumstances from any employment? Yes [ ] No [ ]

If "YES", explain fully: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT  
Housing Authority Of The County Of Merced  
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5. Are you applying for veteran's preference consideration? Yes [ ] No [ ]  
(If "Yes", submit a copy of form DD-214 verifying eligible service along  
with your application BEFORE the final filing date.)

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? Yes [ ] No [ ]  
(Successful candidate will be required to provide proof of identity and  
eligibility for employment within 3 days of beginning employment.)

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?    Yes [ ] No [ ]  
(Circle the HIGHEST Grade You Completed)

If you DID NOT graduate, do you have a GED certificate?    Yes [ ] No [ ]

Name of High School \_\_\_\_\_  
Location of School \_\_\_\_\_

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Housing Authority Of The County Of Merced  
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Name And Location Of College(s) or University(s) Attended	Major Course Of Study	Unit	Credits	Degree Type	Degree Date
		Semester	Quarterly		
Business, Correspondence or Trade Schools Attended		Course Of Study		Certificate Type/Date	

EMPLOYMENT EXPERIENCE

INSTRUCTIONS: Fill out ALL AREAS 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:		To:
		From:
Supervisor's Name:		Job Title:
Phone #: (     )		
Reason For Leaving:		

#2. Employer:	Work Performed:	Dates Employed:
Address, City, State, Zip Code:		To:
		From:
Supervisor's Name:		Job Title:
Phone #: (     )		
Reason For Leaving:		

#3. Employer:	Work Performed:	Dates Employed:
Address, City, State, Zip Code:		To:
		From:
Supervisor's Name:		Job Title:
Phone #: (     )		
Reason For Leaving:		

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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

In addition, list any equipment such as typewriter, other office equipment, large outdoor equipment or power tools in which you are experienced in operating, that may be applicable to the position for which you are applying .

Equipment Type	Describe Applicable Experience

List any computer software programs you have used, and rate your proficiency level:

Program Name	Level Of Expertise (Check One):		
	Beginner	Intermediate	Expert

Certification of material facts/representation:

"I hereby authorize investigation of all statements as provided by me in this application as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract or offer of employment. In the event I am subsequently employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further certify that the answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ATTACH RESUME OR OTHER SUBMITTALS TO THIS APPLICATION FOR CONSIDERATION**  
(Revised 8/2019)

## 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 **in addition to** 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 **COMPLETE** addresses including city, state and zip code.

**Personal References:**

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] No

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

## AFFIRMATIVE ACTION DATA - OPTIONAL

Applicants do not have to complete this part to be considered for employment. This information is being collected for statistical purposes only. Your answers will not affect the hiring process or hiring decisions. The Housing Authority of the County of Merced does not discriminate in matters of employment because of race, color, national origin, marital status, sex, religion, age or handicap.

INSTRUCTIONS: Please place an "X" in front of the item that answers each of the following questions:

A. Of which racial/ethnic group do you consider yourself?

1. ☐ WHITE: (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East), not of Hispanic origin.
2. ☐ BLACK: (A person having origins in any of the black racial groups of Africa), not of Hispanic origin.
3. ☐ HISPANIC: (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent or culture should be included. In addition, the category does not include persons from Portugal, who should be classified according to race.
4. ☐ ASIAN or PACIFIC ISLANDER: (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.)
5. ☐ AMERICAN INDIAN or ALASKA NATIVE: (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.)

B. What is your sex?

1. ☐ Male
2. ☐ Female

C. Are you a military veteran?

1. ☐ Yes
2. ☐ No

D. Are you a Vietnam Era Vet?

- (Aug. 5, 1964 to May 7, 1975)
1. ☐ Yes
  2. ☐ No

E. What is your age group?

1. ☐ 18 - 25 years
2. ☐ 26 - 35 years
3. ☐ 36 - 39 years
4. ☐ 40-50 years
5. ☐ 51-60 years
6. ☐ Over 60 years

F. How did you know about this job opening?

1. ☐ Newspaper
2. ☐ Friend or Relative
3. ☐ Posting at other agency/organization
4. ☐ EDD, PITD or CVOC referral
5. ☐ Internet Web Site
6. ☐ Other

G. Are you currently receiving Section 8 rental assistance through the Housing Authority? ☐ Yes ☐ No

H. Are you currently renting a Housing Authority unit? ☐ Yes ☐ No

**PLEASE RETURN THIS SHEET WITH YOUR COMPLETED APPLICATION**