



EMPLOYMENT APPLICATION

An AA/EEO Employer

Housing Authority of the County of Marin
4020 Civic Center Drive
San Rafael, California 94903

415/491-2525
FAX 415/472-2186
TDD 1-800-735-2929

PRINT LAST NAME

INSTRUCTIONS TO APPLICANT: Please begin by printing your last name along the left side of the application. Type or use black ink when completing the application. Incomplete or illegible applications will not be considered. Resumes are not accepted in lieu of any part of the standard or supplemental applications. Do not write "see resume" as a response to any application question. Applications must be received in the Marin Housing office **no later than 4:00 p.m.** on the application deadline date shown on the job announcement. Postmarks are not accepted. Make copies of any application materials you wish to keep before you submit your application. Submitted application materials will not be returned.

EXACT JOB TITLE APPLYING FOR: _____

PERSONAL DATA Social Security # _____

Name

(Last) (First) (Middle Initial)

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____ Business Telephone (____) _____

TYPE OF EMPLOYMENT (CHECK AT LEAST ONE BOX)

Regular, Full-Time Regular, Part-Time Extra-Hire (Temporary)

Are you currently employed by Marin Housing as a regular (not extra-hire) employee? Yes No

Are there any departments where you do NOT want to work? Yes No

If Yes, please specify: _____

MILITARY SERVICE

Veteran of U.S. Armed Services? Yes No DD-214 Attached? Yes No

If a Veteran, please list dates of Active Service: _____

BILINGUAL ABILITY CIRCLE APPLICABLE SKILL(S)

Please list languages (other than English) in which you are **fluent**.

1. _____ Read Write Speak

2. _____ Read Write Speak

OFFICE USE ONLY		DATE RECEIVED
Analyst _____	Reasons for rejection (circle one)	
Accepted _____ Rejected _____	No SAF Late Education	
Typing Speed (nwpm) _____	Incomplete No DMV Experience	
	Other: _____	

EDUCATION / BACKGROUND Please read the requirements section on the job announcement before completing this section.

EDUCATION AND EXPERIENCE					
High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Passed High School Equivalency Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Location of College or University	Course of Study	Degree Award	Dates Attended	Units Completed	Did You Graduate?
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
Business, Correspondence, Trade or Service Schools					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
If the position for which you are applying has specific course requirements indicated on the job announcement, list the course(s) which satisfy these requirements.					
Please list currently valid certificates of professional or vocational competence, licenses and expiration dates. (Include date of completion if requested on the job announcement flyer.)					
Title _____		Issuing Agency _____			
Date Issued _____		Expiration Date _____		ID # _____	
Title _____		Issuing Agency _____			
Date Issued _____		Expiration Date _____		ID # _____	

ADDITIONAL PERSONAL INFORMATION

As an adult, have you ever been convicted of a felony? Yes No Date(s) _____

If Yes, please explain charges and circumstances _____

Conviction is not an automatic bar to employment. Each case is reviewed on the basis of job relatedness.

Have you ever been discharged or resigned in lieu of discharge? Yes No

If Yes, Please explain: _____

Are you at least 18 years of age? Yes No If No, please attach a copy of your work permit.

Are you a U.S. citizen, or legally authorized to work in the United States? Yes No

At the time of appointment, all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.

Are any relatives currently employed by Marin Housing? Yes No

If Yes, please list relative's name and relationship _____

EMPLOYMENT HISTORY: Please list all job-related experience beginning with your most current employer. Include volunteer assignments, on-the-job training and military service if these experiences are relevant to the position for which you are applying. To list additional employers, copy this page and attach to application.

A M O S T C U R R E N T	Name and Address of Organization			From		To		
				Month	Year	Month	Year	
				# of Hrs. Worked per Week _____				
	Position Title		Supervisor Name/Title		Telephone & Area Code		# of People Supervised _____	
							Monthly Salary \$ _____	
Description of Your Duties								
Reason for Leaving								

B N E X T P R E V I O U S	Name and Address of Organization			From		To		
				Month	Year	Month	Year	
				# of Hrs. Worked per Week _____				
	Position Title		Supervisor Name/Title		Telephone & Area Code		# of People Supervised _____	
							Monthly Salary \$ _____	
Description of Your Duties								
Reason for Leaving								

C N E X T P R E V I O U S	Name and Address of Organization			From		To		
				Month	Year	Month	Year	
				# of Hrs. Worked per Week _____				
	Position Title		Supervisor Name/Title		Telephone & Area Code		# of People Supervised _____	
							Monthly Salary \$ _____	
Description of Your Duties								
Reason for Leaving								

D N E X T P R E V I O U S	Name and Address of Organization			From		To		
				Month	Year	Month	Year	
				# of Hrs. Worked per Week _____				
	Position Title		Supervisor Name/Title		Telephone & Area Code		# of People Supervised _____	
							Monthly Salary \$ _____	
Description of Your Duties								
Reason for Leaving								

