

EMPLOYMENT APPLICATION

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO
 264 HARBOR BLVD., BLDG. A, BELMONT, CA 94002-4017

POSITION YOU ARE APPLYING FOR:
 Housing Programs Supervisor

The Housing Authority of the County of San Mateo is an Equal Opportunity Employer. We support building a diverse workforce and encourage applications from all candidates.

1. Name _____
First Middle Last

2. Address _____
Number Street City State Zip

3. Home Phone (_____) _____ Mobile Phone (_____) _____

4. Would you like to be notified about application status, examination dates and results via e-mail? Yes No

If YES, please provide e-mail address: _____ Please note that it is your responsibility to monitor instructions and correspondence from this office by checking your e-mail account in a timely manner.

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

6. Do you possess a valid California Driver's License YES NO

Driver's License Number _____ Expiration Date: _____

7. Are you fluent in any language in addition to English? If so, please specify your skills.

Language	Understand	Speak	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. EDUCATION & TRAINING:

List below any education, training or seminars directly relevant to the job for which you are applying.

Name and Address of School, College, University, Institute or Organization	Course of Study or Major	Degrees, Certification, Units, Hours (if applicable)

EMPLOYMENT HISTORY

- A. Give complete information for jobs held during the past **10** years, including verifiable voluntary experience.
- B. Show your **Present** or **Most Recent** job first.
- C. Attach additional sheets if more space is needed.

RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Name and Address of Employer: _____

Dates Employed: **From:** ____/____/____ **To:** ____/____/____ **Hours per Week:** _____

Job Title and Description of Duties: _____

Reason for Leaving: _____

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Dates Employed: **From:** ____/____/____ **To:** ____/____/____ **Hours per Week:** _____

Job Title and Description of Duties: _____

Reason for Leaving: _____

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that misstatement or omission of material fact on this application will cause forfeiture on my part of all rights to be considered for employment with the Housing Authority of the County of San Mateo. I further agree to furnish such proof of age and citizenship as may be required by law.

Signature _____ Date _____

Note to Applicants with Disabilities that qualify under the Americans with Disabilities Act or the California Fair Employment and Housing Act: If you require accommodation for the examination process, please notify the Housing Authority at the time of application. Reasonable efforts will be made to accommodate you.

Return completed application and required responses to supplemental questions (if any), to:

Debbie McIntyre, Administrative Services Manager at dmcintyre@smchousing.org