

HOUSING AUTHORITY OF THE COUNTY OF KERN
601 – 24th Street
BAKERSFIELD, CALIFORNIA
(661) 631-8500/kernha.org
AN EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY:

Please print in ink or type the requested information in the spaces provided. If additional space is required, use additional sheets of paper. Fill the application out completely and accurately. Failure to complete the application may result in disqualification, and a decision to employ you could be affected by the information you provide. **Read the job announcement thoroughly before completing and submitting application.**

Filing an application does not imply that the applicant will be employed, even though you comply with every requirement. All appointments to positions with the Authority will be for a probationary period of twelve (12) months, during which time employment may be terminated at any time for any reason.

POSITION APPLYING FOR _____ (Show exact title-Separate application required for each position)	
NAME (Last, First, Middle)	HOME PHONE ()
STREET ADDRESS	BUSINESS PHONE ()
CITY, STATE, ZIP	E-MAIL ADDRESS
HAVE YOU WORKED FOR THE HOUSING AUTHORITY OF THE COUNTY OF KERN BEFORE? € YES € NO IF SO, WHEN: _____	SOCIAL SECURITY NUMBER
ARE YOU RELATED TO ANY HACK EMPLOYEE OR COMMISSIONER? € YES € NO NAME _____ RELATIONSHIP _____	WILL YOU ACCEPT: Yes No Full-time work — — Part-time work — — Temporary work — —
ARE YOU CURRENTLY OVER AGE 18? € YES € NO	
CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? € YES € NO	BESIDES ENGLISH, WHICH LANGUAGES CAN YOU __ READ __ WRITE __ SPEAK _____
PROVIDE INFORMATION ABOUT YOUR CA DRIVER LICENSE. CLASS: _____ NUMBER: _____ EXPIRATION DATE: _____	How did you hear about this position?
HAVE YOU EVER BEEN CONVICTED OF A FELONY? € YES € NO If yes, date and nature of offense: _____	CONVICTIONS WILL NOT AUTOMATICALLY DISQUALIFY JOB CANDIDATES FROM ALL POSITIONS. THE SERIOUSNESS OF THE CRIME AND DATE OF CONVICTION WILL BE CONSIDERED.

PERFORMANCE OF JOB FUNCTIONS

Are you able to perform all the functions of the job for which you are applying, with or without accommodation? € Yes, without accommodation € Yes, with accommodation € No
If you indicated you can perform all the functions with an accommodation, please explain how you would perform the tasks and with what accommodation:

EDUCATION: Did you graduate from High School or obtain a GED? Yes _____ No _____

Circle the highest grade you completed: College 13 14 15 16 Grad 17 18 19 20

Name(s) of College or Universities Attended	Major Study	Units Completed	Degrees Earned

PLEASE BE PREPARED TO SUBMIT A COPY OF YOUR DEGREE OR DIPLOMA PRIOR TO EMPLOYMENT

PROFESSIONAL CERTIFICATES/LICENSES RELATED TO THE JOB FOR WHICH YOU ARE APPLYING:		
TITLE:	REGISTRATION #:	EXPIRATION DATE:

VETERAN’S CREDITS AND CONDITIONS UNDER WHICH THEY ARE GRANTED

Application for Veteran’s Credit, together with proof of eligibility for credits, must be filed with the application, and unless so filed, the applicant’s rights to Veteran’s Credit will be deemed to have been waived for this examination. In order to claim Veteran’s Credit, applicants must have served in armed service at least 90 days during World War II, 12/07/41 – 12/31/46; Korean Conflict, 6/25/50 – 1/31/55; Viet Nam War, 8/05/64 – 5/07/75; Desert Storm, 1/17/90 – 4/06/91. DD214 Form verifying honorable discharge must accompany application if you claim Veteran’s Credit.

Do you claim Veteran’s Credit? ___ Yes ___ No

EMPLOYMENT RECORD

In the space below, give your complete record of employment during the last fifteen (15) years. Start with your present or most recent position and work back. List your positions in the order you held them. *If you were fired from any employment, you must so indicate and fully explain why. Explain gaps between periods of employment. If the examination announcement requires any job experience and/or education requirement, show clearly that you meet such requirement.* If more space is needed, use a separate sheet that provides the required information and attach to this application.

Employer’s Name and Address		Job Title, Description of Duties, Hours and Reasons for Leaving	
Starting Date (Mo./Yr.)	Supervisor & Phone:	Title:	Hours/Week:
Ending Date (Mo./Yr.)		Duties:	
Starting Salary \$ Per		Reason for Leaving:	
Ending Salary \$ Per			

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Ending Date (Mo./Yr.)		Duties:	
Starting Salary \$ Per		Reason for Leaving:	
Ending Salary \$ Per			

CERTIFICATION OF APPLICANT: READ CAREFULLY BEFORE SIGNING

I certify that the information provided on the job application and any attachments or resume is true, correct and complete. I understand that any misstatements, misrepresentations or omissions of fact contained herein will be grounds for denial of employment or immediate termination from service with the Housing Authority of the County of Kern. I authorize the investigation of all disclosures of provided information and reference checks to verify my suitability for employment. I release the Housing Authority of the County of Kern and any individuals/agencies it contacts from any claims or liability for making or responding to such investigation.

Signature

Date