

**HOUSING AUTHORITY OF THE  
CITY OF SANTA BARBARA**

808 Laguna Street, Santa Barbara, California 93101  
(805) 965-1071

**APPLICATION FOR EMPLOYMENT**  
(Please Print in Ink or Type)

1. Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_
2. How did you hear about us? \_\_\_\_\_ Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last First Middle
4. Address: \_\_\_\_\_  
Number & Street City State Zip
5. In case of emergency notify: \_\_\_\_\_  
Name Address Phone Number
6. Housing Authority Policy may refuse employment in the same Department or Division of a person closely related by blood or marriage to an employee. Do you have a first cousin or closer relative currently working for the Housing Authority of the City of Santa Barbara?  
Yes  No  if yes:  
Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_
7. Do you possess a valid California Driver's License? Yes  No  License No. \_\_\_\_\_
8. EDUCATION/TRAINING  
Have you graduated from High School or do you possess a GED? Yes  No

Name and Location of College or University	Subject or Major	Units Completed		Title of Degree Awarded
		Semester	Quarter	

List any training, certificates, licenses, computer, or language skills, which directly relate to position applied for:

9. Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills.

Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____
Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____

10. Are you able to perform the essential functions for the job which you are applying, with or without reasonable accommodation? Yes  No

11. EMPLOYMENT HISTORY. List your employment, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience, which you feel, is relevant to the position for which you are applying (e.g. volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed.

Current Employer: _____ Phone: _____ Address: _____ Job Title: _____ Date Started ____/____/____ Date Left ____/____/____ <div style="text-align: right; margin-right: 100px;"> <small>Mo Day Year</small>                      <small>Mo Day Year</small> </div> Supervisor's Name/Job Title: _____ Hours per Week: _____ Responsibilities: _____ _____ _____ Reason for Leaving: _____ Rate of Pay: _____
Employer: _____ Phone: _____ Address: _____ Job Title: _____ Date Started ____/____/____ Date Left ____/____/____ <div style="text-align: right; margin-right: 100px;"> <small>Mo Day Year</small>                      <small>Mo Day Year</small> </div> Supervisor's Name/Job Title: _____ Hours per Week: _____ Responsibilities: _____ _____ Reason for Leaving: _____ Rate of Pay: _____
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12. May we contact your current or past employers? Yes  No  If no, please explain.

I certify that all the information on this application, including my resume, is true and correct to the best of my knowledge. I understand that any misrepresentation or material omission may result in my failure to receive an offer of employment, or if I am hired prior to the discovery of the misrepresentation or material omission my immediate dismissal from employment.

I authorize my references, former employers, and anyone else the Housing Authority deems appropriate to contact to provide all requested information concerning my background, character, and previous employment. Further, I agree to release the Housing Authority and anyone the Housing Authority contacts from any and all liability arising from furnishing, use, or disclosure of such information by any of the above parties or their agents.

I understand that any offer of employment which I may receive is conditioned upon my providing satisfactory proof of my identity and my legal ability to work in the United States.

THIS APPLICATION MUST BE SIGNED IN INK AND DATED: Signed \_\_\_\_\_ Date \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER – Housing Authority is committed to the principles of equal employment opportunity and makes employment decisions based upon job-related requirements including merit, ability and qualifications. Unlawful discrimination will not be tolerated. AMERICANS WITH DISABILITIES ACT (ADA) Applicants with a disability who require reasonable accommodations or special testing arrangements should contact Human Resources at (805)965-1071 or (805)965-2521 TDD. SECTION 3 -In accordance with Section 3 of the Housing and Urban Development Act of 1968, the Housing Authority promotes self-sufficiency amongst low income individuals and provides hiring preferences to Santa Barbara residents that meet Section 3 eligibility.