



Yolo County Housing

147 W. Main Street
WOODLAND, CA 95695

Woodland: (530) 662-5428
Sacramento: (916) 444-8982
TTY: (800) 545-1833, ext. 626

EMPLOYMENT APPLICATION

Instructions: Please complete all sections of the application. Incomplete or illegible applications will not be considered.

General Information

Last Name		First		Middle Initial	
Street Address			City		State Zip Code
Home Phone ()	Alternate Phone ()	Cell Phone ()		E-Mail Address	
Position Applied For (Title)		Department		Salary Requirement <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Date Available
How did you learn of this vacancy (please list the specific employee, newspaper, web site, or other source)?					
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:					
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Are you eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (If offered employment, you will be required to provide documentation to verify eligibility.)					

Education

High School Name		City		State	Diploma/Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
College and/or Technical School Name		City		State	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major		Degree Earned		If degree not earned, years completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other Training or Degrees School Name			City		State
Major		Degree Earned			

Professional Licenses

Title	No.	State	Expiration Date
Title	No.	State	Expiration Date

Record of Conviction

<p>Have you ever been convicted of a misdemeanor or felony other than a minor traffic offense (including during Military Service)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:</p> <p>A record of a criminal conviction will not necessarily bar you from employment. Each case is given individual consideration.</p>
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Employment History: List current/most recent employers first, include U.S. military service. Give complete information for jobs held during the past 10 years. Attach additional sheets if more space is needed. Inquiries may be made of former employers.

Employer Name		Address		City		State		Zip Code	
Telephone No ()		Your Title			Department				
Beginning Date		Ending Date		Final Salary		Supervisor's Name & Title			
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Summary of duties:									
Reason for leaving:									
Employer Name		Address		City		State		Zip Code	
Telephone No. ()		Your Title			Department				
Beginning Date		Ending Date		Final Salary		Supervisor's Name & Title			
Summary of duties:									
Reason for leaving:									
Employer Name		Address		City		State		Zip Code	
Telephone No. ()		Your Title			Department				
Beginning Date		Ending Date		Final Salary		Supervisor's Name & Title			
Summary of duties:									
Reason for leaving:									

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Skills

List software in which you are proficient:									
List computer programming language in which you are proficient:									
Second Languages (including Sign Language):		Fluency							
Language		Written				Spoken			
		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/>
		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/>
		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/>
Please list any other skills relevant to the position for which you are applying:									

Have you ever been discharged or asked to resign from a job? No Yes If yes, explain:

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application may be a basis for disqualification from the hiring process or dismissal from employment with Yolo County Housing.

Signature of Applicant: _____ Date: _____

Print Applicant Name: _____

Yolo County Housing is an equal opportunity employer. In recognition of its responsibility to its paid and volunteer staff, and the community it serves, Yolo County Housing affirms its policy to assure fair and equal treatment in all of its employment practices for all persons. We consider applicants for all positions without regard to race, color, creed, religion, sex, age, sexual orientation, ancestry, familial status, national origin, disabled, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, Yolo County Housing must meet government record-keeping and reporting requirements.

Completion of this form is **voluntary**, and will not affect your application for employment or employment with Yolo County Housing. This information will be kept in confidence and will not accompany your application to the prospective supervisors. Please contact the Resource Administrator at 530-669-2211 if you have any questions.

Name

Date

Position applying for:

Check one:

Female

Male

Check one:

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino - A person not of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Check all that apply:

Black or African American (Not Hispanic or Latino) - A person having origins in any of the Black racial groups in Africa

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

White– A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races.

Vietnam Era Veteran: A veteran who:(1) served on active duty for more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Other Protected Veteran:

Veteran's who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

