OAKLAND HOUSING AUTHORITY
Section 3 Employment Referral Form

CONTACT INFORMATION – TO BE COMPLETED BY RESIDENTS

Name:

Please indicate if you are a tenant of:
Public Housing: ☐
Section 8: ☐
Other: ☐

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____ Cell Phone: _____

Email: _____

EDUCATION

GED ☐	High School Diploma ☐	Post High School ☐	Associates Degree ☐	Trade/Training Certificate ☐
College Credits ☐	Professional License ☐	Higher Education ☐	Bachelor's Degree ☐	

WORK EXPERIENCE

Culinary Arts ☐	Customer Service ☐	Healthcare ☐	Transportation ☐	Administrative/Office ☐
Retail ☐	Facilities ☐	Accounting ☐	Education ☐	Maintenance Mechanic ☐
Painter ☐	Janitorial/Cleaning ☐	Landscape ☐	Plumbing ☐	Project Management ☐
Coordinator ☐	Floor Layer ☐	Maintenance ☐	Counseling ☐	Construction/Trade ☐

Other: specify _____

COMPUTER SKILLS

Microsoft Word ☐	Microsoft Publisher ☐	PowerPoint ☐	Microsoft Excel ☐	Microsoft Outlook s ☐
Microsoft Access ☐	Internet Research ☐	Web Design ☐	Web Programming ☐	Typing (_____ wpm) ☐

PLEASE ANSWER THE FOLLOWING:	Yes	No
Are you 16 – 18 years of age (Youth Build/Special Programs)?	☐	☐
Are you 18+ years of age?	☐	☐
Have you ever been convicted of a violation of the law?	☐	☐
Are you willing to take a drug screening?	☐	☐
Are you able to lift 70 lbs. repetitively?	☐	☐
Do you have 10 years verifiable employment/school history?	☐	☐
Do you possess a valid driver license or State ID?	☐	☐

STRENGTHS:	
PLEASE DESCRIBE ANY OTHER SKILLS:	
RELEASE OF INFORMATION:	I hereby authorize the Oakland Housing Authority to release this information to Section 3 Contractors for employment opportunities in connection with the Section 3 Employment Referral Form with the Oakland Housing Authority. I understand that the Oakland Housing Authority staff will regard as confidential and privileged any information released to them, and will use said information for the sole purpose of assisting me with obtaining employment opportunities with the Section 3 Contractors of the Oakland Housing Authority. Name: _____ Date: _____ Signature: _____ Staff Signature: _____