



OAKLAND HOUSING AUTHORITY

HUMAN RESOURCES DEPARTMENT
1619 Harrison Street, Oakland, CA 94612
(510) 874-1575 (VOICE) (510) 832-7331 (TDD)

OFFICE USE ONLY

L \_ H \_ S \_ DATE \_\_\_\_\_

REASON \_\_\_\_\_

BY: \_\_\_\_\_

EXACT TITLE OF POSITION YOU ARE APPLYING FOR

1. NAME LAST FIRST MIDDLE

2. ADDRESS NUMBER STREET APT. NO.

3. CITY STATE ZIP

4. HOME PHONE 5. WORK PHONE

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

7. Soc. Sec. No. \_\_\_\_\_

8. If you are not a U.S. Citizen, do you have proof of your legal right to work in the U.S.?

YES [ ] NO [ ]

9. HIGH SCHOOL LOCATION

High School graduate? YES [ ] NO [ ] If no, GED? YES [ ] NO [ ]
Circle college years completed: 1 2 3 4 5 6 7 8

Table with 7 columns: NAMES OF COLLEGES/UNIVERSITIES ATTENDED, Dates Attended, Course of Study/Major, Degree Awarded (YES/NO), Units Completed (Semester/Quarter), Type of Degree, Date Degree Completed

Table with 4 columns: 11. OTHER RELEVANT COURSES AND TRAINING, NAME & LOCATION OF INSTITUTION, Length of Course, Date Ended

Table with 4 columns: 12. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED, Serial No., Date Issued, Expiration Date

Table with 2 columns: 13. Drivers License: Number & State (If Required For This Position), 14. Typing Speed (If Required For This Position)

15. OTHER SKILLS

16. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW? DO NOT INCLUDE TRAFFIC VIOLATIONS UNDER \$125.00.
YES [ ] NO [ ] (IF YES) STATE NATURE AND DISPOSITION OF CASE(S)

(CONVICTION IS NOT A BAR TO CONSIDERATION FOR EMPLOYMENT. EACH APPLICATION IS REVIEWED IN RELATION TO THE JOB APPLIED FOR.)

17. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY EMPLOYEE OF THE AUTHORITY? YES [ ] NO [ ]
(IF YES) NAME AND RELATIONSHIP

18. ARE YOU A RESIDENT OF PUBLIC HOUSING IN THE CITY OF OAKLAND? YES [ ] NO [ ]
(IF YES) CONVENTIONAL [ ] SECTION 8 [ ]

19. Give name, address and phone number of a person to contact in case of an emergency.
NAME PHONE
ADDRESS CITY



20. CERTIFICATE OF APPLICANT I certify that all statements made in this application are true, and I understand that misstatements or omissions of material facts herein may forfeit my rights to any employment.
X SIGNATURE DATE



**OAKLAND HOUSING AUTHORITY  
QUESTIONNAIRE  
(VOLUNTARY)**

The Oakland Housing Authority is asking all applicants for employment to complete this form in order to comply with United States Government Equal Employment Opportunity and other federal requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. This information which you provide voluntarily will be kept confidential.

The Oakland Housing Authority is an equal opportunity employer.

**DISABLED APPLICANTS:** The Human Resources Department will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs, please call: (510) 874-1575 (VOICE) OR (510) 832-7331 (TDD).

Exact title of position you are applying for \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ (Optional) Date of Birth \_\_\_\_\_ Mo. \_\_\_\_\_ /Day \_\_\_\_\_ /Yr. \_\_\_\_\_

A. Are you Male  Female  B. Are you age 40 or over Yes  No

C. ETHNIC ORIGIN (Please Check One)

1. White  2. Black  3. Hispanic  
 4. Asian or Pacific Islander  5. American Indian or Alaskan Native  6. Other

D. i. Do you have a disability, or are you regarded as having a disability, which substantially limits one or more of your major life activities, such as a hearing impairment, sight impairment, speech impairment, physical impairment, or a developmental disability? Yes  No

ii. Will this impairment or disability limit your ability to compete in the examination process as described in the announcement flyer? Yes  No

iii. If YES, please specify \_\_\_\_\_

E. Are you a Vietnam era veteran? Yes  No

F. Are you a disabled veteran? Yes  No

**HOW DID YOU LEARN ABOUT THIS EXAMINATION?**

- Bulletin Boards in Authority Offices  Radio Announcement  
 Phone call to Human Resources Office

IF ONE OF THE FOLLOWING, PLEASE SPECIFY THE SOURCE

- Posting of another agency \_\_\_\_\_  
 Minority organization or group \_\_\_\_\_  
 Women's organization or group \_\_\_\_\_  
 Newspaper \_\_\_\_\_  
 School/Career Center \_\_\_\_\_  
 Other \_\_\_\_\_

**VERIFICATION OF EMPLOYMENT  
ELIGIBILITY**

As mandated by the Immigration Reform and Control Act of 1986, all candidates offered employment after November 6, 1986 must provide written proof that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents including United States Passport; State-issued Driver's License; Social Security Card; Birth Certificate; or other acceptable documents that establish identity and eligibility to work in the U.S.