



# EMPLOYMENT APPLICATION

An AA/EEO Employer

Housing Authority of the County of Marin  
4020 Civic Center Drive  
San Rafael, California 94903

415/491-2525  
FAX 415/479-3305  
TDD 1-800-735-2929

PRINT LAST NAME

**INSTRUCTIONS TO APPLICANT:** Please begin by printing your last name along the left side of the application. Type or use black ink when completing the application. Incomplete or illegible applications will not be considered. Resumes are not accepted in lieu of any part of the standard or supplemental applications. Do not write "see resume" as a response to any application question. Applications must be received in the Marin Housing office **no later than 4:00 p.m.** on the application deadline date shown on the job announcement. Postmarks are not accepted. Make copies of any application materials you wish to keep before you submit your application. Submitted application materials will not be returned.

**EXACT JOB TITLE APPLYING FOR:** \_\_\_\_\_

**PERSONAL DATA** EMAIL ADDRESS \_\_\_\_\_

Name

\_\_\_\_\_  
(Last) (First) (Middle Initial)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

**TYPE OF EMPLOYMENT (CHECK AT LEAST ONE BOX)**

Regular, Full-Time  Regular, Part-Time  Extra-Hire (Temporary)

Are you currently employed by Marin Housing as a regular (not extra-hire) employee?  Yes  No

Are there any departments where you do NOT want to work?  Yes  No

If Yes, please specify: \_\_\_\_\_

**MILITARY SERVICE**

Veteran of U.S. Armed Services?  Yes  No DD-214 Attached?  Yes  No

If a Veteran, please list dates of Active Service: \_\_\_\_\_

**BILINGUAL ABILITY CIRCLE APPLICABLE SKILL(S)**

Please list languages (other than English) in which you are **fluent**.

1. \_\_\_\_\_ Read Write Speak

2. \_\_\_\_\_ Read Write Speak

OFFICE USE ONLY		DATE RECEIVED
Analyst _____	Reasons for rejection (circle one)	
Accepted _____ Rejected _____	No SAF Late Education	
Typing Speed (nwpm) _____	Incomplete No DMV Experience	
	Other: _____	

**EDUCATION / BACKGROUND** Please read the requirements section on the job announcement before completing this section.

<b>EDUCATION AND EXPERIENCE</b>					
High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, Passed High School Equivalency Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name and Location of College or University	Course of Study	Degree Award	Dates Attended	Units Completed	Did You Graduate?
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
Business, Correspondence, Trade or Service Schools					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
If the position for which you are applying has specific course requirements indicated on the job announcement, list the course(s) which satisfy these requirements.					
Please list currently valid certificates of professional or vocational competence, licenses and expiration dates. (Include date of completion if requested on the job announcement flyer.)					
Title _____ Issuing Agency _____ Date Issued _____ Expiration Date _____ ID # _____ Title _____ Issuing Agency _____ Date Issued _____ Expiration Date _____ ID # _____					

**ADDITIONAL PERSONAL INFORMATION**

Have you ever been discharged or resigned in lieu of discharge?       Yes    No

If Yes, Please explain:

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Are you at least 18 years of age?    Yes    No      If No, please attach a copy of your work permit.

Are you a U.S. citizen, or legally authorized to work in the United States?       Yes    No

At the time of appointment, all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.

Are any relatives currently employed by Marin Housing?       Yes    No

If Yes, please list relative's name and relationship \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please list all job-related experience beginning with your most current employer. Include volunteer assignments, on-the-job training and military service if these experiences are relevant to the position for which you are applying. To list additional employers, copy this page and attach to application.

<b>A M O S T C U R R E N T</b>	Name and Address of Organization			From		To	
				Month	Year	Month	Year
				# of Hrs. Worked per Week _____			
	Position Title	Supervisor Name/Title	Telephone & Area Code	# of People Supervised _____			
	Description of Your Duties						
Reason for Leaving							

<b>B N E X T P R E V I O U S</b>	Name and Address of Organization			From		To	
				Month	Year	Month	Year
				# of Hrs. Worked per Week _____			
	Position Title	Supervisor Name/Title	Telephone & Area Code	# of People Supervised _____			
	Description of Your Duties						
Reason for Leaving							

<b>C N E X T P R E V I O U S</b>	Name and Address of Organization			From		To	
				Month	Year	Month	Year
				# of Hrs. Worked per Week _____			
	Position Title	Supervisor Name/Title	Telephone & Area Code	# of People Supervised _____			
	Description of Your Duties						
Reason for Leaving							

<b>D N E X T P R E V I O U S</b>	Name and Address of Organization			From		To	
				Month	Year	Month	Year
				# of Hrs. Worked per Week _____			
	Position Title	Supervisor Name/Title	Telephone & Area Code	# of People Supervised _____			
	Description of Your Duties						
Reason for Leaving							

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**TRAINING AND/OR SPECIAL SKILLS**

- Receptionist     Adding Machine     Shorthand (wpm) \_\_\_\_\_     General Typing (nwpm) \_\_\_\_\_
- Bookkeeping     Other \_\_\_\_\_
- Computer Experience (type) \_\_\_\_\_ Software \_\_\_\_\_
- Word Processor Experience (type) \_\_\_\_\_
- Other \_\_\_\_\_

**On all positions requiring typing, a typing certificate is required and must be submitted at the time of application.**

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Please describe any additional information including additional training, memberships in professional organizations, certificates/licenses and/or special skills which you possess that you consider relevant to the position for which you are applying.

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**All conditional employment offers are contingent upon passing a pre-placement physical arranged and paid for by Marin Housing. Please indicate your consent to the physical by signing below.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**On all positions requiring a valid California driver's license and a satisfactory driving history, a current DMV history report is required and must be submitted at the time of application.**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

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I hereby certify that the statements in this application are true. I understand and agree that any misstatement or omission of material fact herein may cause forfeiture of my part of all rights to the Housing Authority of the County of Marin employment.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**Notify Marin Housing immediately of any changes in your status after you submit your application.**

**AFFIRMATIVE ACTION  
QUESTIONNAIRE**

Section 1233 of the State of California Government Code provides that applicants for employment by, and incumbent employees of, public agencies may be solicited to voluntarily declare their ethnic identification, provided this information shall be for research and statistical purposes only.

Please complete this section. It will be detached and kept separate and confidential. It will not be used in any way to make employment decisions.

A. Position \_\_\_\_\_

B. Date \_\_\_\_\_

C. Sex            Male    Female

D. Is your age 40 or over?  
 Yes            No

E. Are you a person with a disability?  
 Yes            No

Will you require accommodations for testing?  
 Yes            No

F. Ethnic Category (check only one)

- White            Black
- Hispanic        Asian or Pacific Islander
- American Indian or Alaskan Native

G. Indicate specific source from which you learned about the position

Newspaper (specify)  
\_\_\_\_\_

Magazine (specify)  
\_\_\_\_\_

Job Fair (specify)  
\_\_\_\_\_

Organization (specify)  
\_\_\_\_\_

Employee Referral (specify)  
\_\_\_\_\_

Marin Housing

Other (specify)  
\_\_\_\_\_

Thank you for considering Marin Housing for employment. If you are looking for an urban setting with the pleasures and conveniences of a suburb, then employment with Marin Housing is the place for you. We appreciate that you have taken the time and effort to submit an application.

Working for Marin Housing can be an exciting and challenging opportunity. Regardless of your specific employment interest, you will be in an environment where you will learn about public service and the local community.

**A “housing authority” Is a Unique and Often Little Understood Agency**

As the local Housing Authority of the County of Marin, Marin Housing is a public corporation, separate and distinct from county government and other county and state agencies. While we administer programs funded by the U.S. Department of Housing and Urban Development (HUD), we also are separate and distinct from HUD.

Established in 1942 by local initiative, we are governed locally by a commission consisting of the Marin County Board of Supervisors and two citizens who are public housing residents. We function under the authorization of state legislation, and state law defines our mandate to manage public housing and finance new housing development.

We administer a variety of low-income housing programs and services such as:

- assisted housing in private apartments*
- public housing*
- rehab loans to homeowners*
- first-time homebuyers program*
- housing information and referral assistance*

These programs and services are funded from many different sources – state and local government, the Marin Community Foundation and other foundations, and the federal government through the U.S. Department of Housing and Urban Development.