

**THE HOUSING AUTHORITY OF THE CITY AND COUNTY OF DENVER
EMPLOYMENT APPLICATION**



Housing Authority of the
City and County of Denver
P.O. Box 40305
Denver, Colorado 80204-0305
<http://www.denverhousing.org>

Received: _____

For Official Use Only:

QUAL: _____

DNQ: _____

Experience

Training

Other: _____

INSTRUCTIONS FOR COMPLETING

DHA is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Please print or type using dark ink. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please write in print, except for the signature on the last page of this application. A resume may also be submitted, but the application form **must** be completed in the detail requested.

Please return the completed application to: The Housing Authority of the City and County of Denver, Human Resources, 1035 Osage Street 9th Floor, Denver, Colorado 80204 or fax to 720-932-3005 or email to hr@denverhousing.org

--Information on this application will be verified--

PERSONAL INFORMATION

Position applying for: _____ Date available for work _____

Salary Requirement: _____

NAME:(Last, First, Middle)

ADDRESS:(Street, Unit Number, City, State, Zip Code)

HOME PHONE:	ALTERNATE PHONE: MOBILE PHONE NUMBER:	EMAIL ADDRESS:
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DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE NUMBER: State: Number:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

NAME OF HIGH SCHOOL:	ADDRESS:	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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GED CERTIFICATE <input type="checkbox"/> Yes <input type="checkbox"/> No	GED CERTIFICATE NUMBER:	LOCATION:
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COLLEGES/TECHNICAL SCHOOLS ATTENDED:

SCHOOL NAME:

LOCATION:(City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
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MAJOR:	UNITS COMPLETED:
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SCHOOL NAME:

LOCATION:(City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
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MAJOR:	UNITS COMPLETED:
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SCHOOL NAME:

LOCATION:(City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
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MAJOR:	UNITS COMPLETED:
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WORK EXPERIENCE

(If unemployed for periods of longer than a month, please include those dates in this section. At least seven (7) years of history is required)

EMPLOYER:	DATES: From: _____ To: _____	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY WEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		

REASON FOR LEAVING:

EMPLOYER:	DATES: From: _____ To: _____	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY WEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		

REASON FOR LEAVING:

EMPLOYER:	DATES: From: _____ To: _____	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY WEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		

REASON FOR LEAVING:

EMPLOYER:	DATES: From: _____ To: _____	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
COMPANYWEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		

REASON FOR LEAVING:

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ADDRESS: (Street, City, State, Zip Code)		
COMPANYWEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		
EMPLOYER:	DATES: From: _____ To: _____	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
COMPANYWEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		
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ADDRESS: (Street, City, State, Zip Code)		
COMPANYWEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		
EMPLOYER:	DATES: From: _____ To: _____	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
COMPANYWEBSITE:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES

TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS

OFFICE SKILLS: If you are an experienced operator of any business machine or equipment, including computer hardware/software, please list below. Include skill level and year last used:

DO YOU KEYBOARD? Yes No Words per minute: _____

OTHER SKILLS NOT LISTED ABOVE:

LANGUAGE(S): State whether reading, speaking or writing:

Additional Information

REFERENCES (Professional or Personal – Do Not List Relatives)

REFERENCE TYPE:	NAME:	POSITION/RELATIONSHIP TO CANDIDATE:
ADDRESS:(Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER:

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ADDRESS:(Street, City, State, Zip Code)		
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EMAIL ADDRESS:		PHONE NUMBER:

<u>Supplemental Questions</u>	
1.	Are you now or have you ever been employed by the Housing Authority of the City and County of Denver (DHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain. (Past DHA employment)
2.	IMMIGRATION REFORM ACT: The Immigration Reform Act of 1986 requires both identity and eligibility for employment proof within three days of employment. DHA does NOT hire or sponsor H-1 Visa holders. Upon offer of employment, are you able to provide proof that you are eligible to work in the United States without sponsorship (NAFTA, Green Card, US Citizen, or Permanent Resident)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been fired or asked to resign from any job during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain. (Fired or asked to resign)
4.	Have you ever served on active duty (excluding training as a reservist or guardsman) in the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you currently a DHA resident or receiving Section 8 Housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:
6.	Are you a Section 3 eligible applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:
7.	Are you related to any employee of DHA? <input type="checkbox"/> Yes <input type="checkbox"/> No Please give name and relationship:
8.	Please list other names you have used:

Additional Information

VOLUNTEER EXPERIENCE: Volunteer activities and non-paid experiences related to position for which you are applying should be submitted on an additional sheet.

EDUCATION: If you are selected for hire, a copy of your high school diploma or GED high school equivalent certificate will be required. Official transcripts of education may be required for certain positions.

DRIVING RECORD: If the job you are applying for requires driving, a copy of your driving record will be required prior to hire. If your driving record is not acceptable pursuant to DHA's Personnel Policy, you may be disqualified for hire.

NOTIFICATION: Your application will be kept on file for six months. If you are selected for testing and interview, you will be notified as soon as possible.

KEEP US UP TO DATE: If your availability, address or phone number changes after you file this application, notify us immediately. Failure to do so may result in non-delivery of mail or cause your name to be removed from the applicant list.

BACKGROUND INVESTIGATION: New employees are investigated carefully, including national and local criminal background checks.

In connection with your application for employment, please be advised that we may conduct a reference check. As an applicant for employment with DHA, you are a consumer with rights under the Fair Credit Reporting Act. For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as DHA.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Affidavit, Consent and Release:

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I agree to execute DHA's Authorization and Agreement of Release and Waiver releasing such parties from any liability in providing such information and opinions.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Final decisions regarding hiring will be made by the Chief Executive Officer of the Housing Authority of the City and County of Denver and my employment may be terminated at any time with or without reason and with or without notice.

Signature _____ Date _____

This application for employment will remain on file for a limited time of six months.