## The Housing Authority of the City of Pueblo – Employment Application



Housing Authority of the City of Pueblo 201 South Victoria Avenue Pueblo, CO 81003

> www.hapueblo.org 719-584-7631

## Instructions for Completing Application

The Housing Authority of the City of Pueblo (HACP) is an equal opportunity employer. We do not discriminate based on race, color, religion, national origin, sex (or identity), age, disability, sexual orientation 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 and complete this application legibly in its entirety, electronic completion is accepted.
- Please complete the entire application, indicate not applicable (N/A) if warranted.
- A resume may also be submitted, but the application form must be completed in detail requested.
- Attach two letters of recommendation and include the contact information for the individuals providing
  you with those letters of recommendation. If no letters of recommendation can be furnished, we will
  need updated reference contacts to verify previous employment of at least two recent employers.

Once completed, return the application to The Housing Authority of the City of Pueblo, Human Resources, 201 South Victoria Avenue, Pueblo, CO 81003 or you can email it to: anthony.linan@hapueblo.org If you need assistance completing this application or any accommodation during the interview process, please do not hesitate to contact the Director of Human Resources and make those needs known.

| Position Applying for:  |   | Date Available to Start:   |  | Salary Requirement                |  |  |  |  |  |
|---|---|--|--|-----------------------------------|--|--|--|--|--|
|   |   |  |  |                                   |  |  |  |  |  |
| Full Legal Name (Last, First, Middle Initial)   |   |  |  |                                   |  |  |  |  |  |
|   |   |  |  |                                   |  |  |  |  |  |
| Current Address (Street, Unit Number, City, State, Zip Code)  |   |  |  |                                   |  |  |  |  |  |
|   |   |  |  |                                   |  |  |  |  |  |
| Best Contact Phone Number:  |   | Is it ok for HACP to communicate with you via text?                                |  |                                   |  |  |  |  |  |
|   | II □ Landline                                 | ☐ Yes ☐ No, please call directly   |  |                                   |  |  |  |  |  |
| Email Address:  |   |  | Is it ok for HACP to communicate with you via email? |                                   |  |  |  |  |  |
|   |   |  |  | ☐ Yes ☐ No, please call directly  |  |  |  |  |  |
| Do you have a valid Drivers' License?   | Drivers' Lice                                 | ense Number:   |  | Drivers' License Expiration Date: |  |  |  |  |  |
| ☐ Yes ☐ No  | State: License #:                             |  |  |                                   |  |  |  |  |  |
| Have you ever been employed by HACP in the  | If yes, please provide dates & position held. |  |  |                                   |  |  |  |  |  |
| ☐ Yes ☐ No  |   |  |  |                                   |  |  |  |  |  |
| Do you have any relatives currently employed at HACP?   |   | If yes, please provide name and relationship you have with them.                   |  |                                   |  |  |  |  |  |
| ☐ Yes ☐ No  |   |  |  |                                   |  |  |  |  |  |
| Did someone specifically refer you to HACP?   |   | If yes, please provide name of the person that referred you to apply for this job. |  |                                   |  |  |  |  |  |
| ☐ Yes ☐ No  |   |  |  |                                   |  |  |  |  |  |
| Education   |   |  |  |                                   |  |  |  |  |  |
| What is your highest level of education?  |   |  |  |                                   |  |  |  |  |  |
| ☐ High School Level, not graduated ☐ High School Diploma/GED ☐ Some College Courses, not completed          |   |  |  |                                   |  |  |  |  |  |
| □ Associate's Degree □ Bachelor's degree □ Other:   |   |  |  |                                   |  |  |  |  |  |
| If you graduated from an accredited college, what was your primary and secondary course of study?           |   |  |  |                                   |  |  |  |  |  |
|   |   |  |  |                                   |  |  |  |  |  |
| Provide any other education-related information you feel is relevant for the position in which you applied. |   |  |  |                                   |  |  |  |  |  |
|   |   |  |  |                                   |  |  |  |  |  |
|   |   |  |  |                                   |  |  |  |  |  |
|   |   |  |  |                                   |  |  |  |  |  |

| Special Skills  | s/Experience                         |                               |                               |              |  |   |  |  |  |  |
|---|--------------------------------------|-------------------------------|-------------------------------|--------------|--|---|--|--|--|--|
| What skills, licenses, or specific training do you have that are related to the job for which you are applying? |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| What types of equipment, machinery or technological devices can you proficiently operate?                       |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| Employment History  |                                      |                               |                               |              |  |   |  |  |  |  |
| Provide us with your employment history, with your current or most recent employment listed first.              |                                      |                               |                               |              |  |   |  |  |  |  |
| Name of Employer: Location (City/State):  |                                      |                               |                               |              |  |   |  |  |  |  |
| Dates Employed From: To: Superviso  |                                      |                               | rs' Name:                     |              |  |   |  |  |  |  |
| Dates Employed  | FIOIII.                              | 10.                           | Superviso                     | JIS INAII    | ic.  |   |  |  |  |  |
| Reason for Leaving  | J.                                   |                               | May We Contact This Employer? |              |  |   |  |  |  |  |
| rtodoon for Loaving   | 9.                                   |                               |                               | -            | es 🗆 No (if not, why?  | ١ |  |  |  |  |
| Give a summary of   | f your most essentia                 | al duties and respo           | nsibilities at                |              |  | ) |  |  |  |  |
| One a caninary of   | your moor occorna                    | ar danos aria respe           | rioisiiitioo at               | i ii iio job | •  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| Name of Employer  | Name of Employer:                    |                               |                               |              | Location (City/State):   |   |  |  |  |  |
|   | , ,                                  |                               |                               |              |  |   |  |  |  |  |
| Dates Employed  | From:                                | To:                           | Supervisors' Na               |              | ne:  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| Reason for Leaving:   |                                      | May We Contact This Employer? |                               |              |  |   |  |  |  |  |
|   |                                      | □ Y                           | ☐ Yes ☐ No (if not, why?)     |              |  |   |  |  |  |  |
| Give a summary of your most essential duties and responsibilities at this job.                                  |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| Name of Employer:   |                                      | Location (City/State):        |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| Dates Employed  | Dates Employed From: To: Supervisor: |                               |                               | ors' Nam     | rs' Name:  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| Reason for Leaving:   |                                      | May We Contact This Employer? |                               |              |  |   |  |  |  |  |
| Give a summary of your most essential duties and responsibilities at  |                                      |                               | ☐ Yes ☐ No (if not, why?)     |              |  |   |  |  |  |  |
| Give a summary of   | your most essentia                   | al duties and respo           | nsibilities at                | this job     | ).   |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |
| Б.  |                                      |                               | -                             | _            |  |   |  |  |  |  |
| References -  | – Two letters of                     | recommendati                  | mmendation are prefe          |              | or you may list three references below.  Phone Number & Email Address: |   |  |  |  |  |
| i vailie.   |                                      | Relationsh                    | Relationship.                 |              | Priorie Number & Email Address:  |   |  |  |  |  |
| Name:   |                                      | Relationsh                    | Relationshin:                 |              | Phone Number & Email Address:  |   |  |  |  |  |
| I Vallie.   | Relationship:                        |                               | ıιγ.                          |              | Filotie Nullibel & Elifali Audiess.                                    |   |  |  |  |  |
| Name:   |                                      | Relationship:                 |                               |              | Phone Number & Email Address:  |   |  |  |  |  |
| . 10  |                                      | 1 Claudion Sil                | inciationstilp.               |              | . Hono Hambol & Ellian Address.  |   |  |  |  |  |
|   |                                      |                               |                               |              |  |   |  |  |  |  |

| Additional Questions  |  |  |  |  |  |
|---|--|--|--|--|--|
| Have you ever been fired or asked to resign from any job in the past five years?  |  |  |  |  |  |
| □ Yes □ No  |  |  |  |  |  |
| If yes, please explain:   |  |  |  |  |  |
|   |  |  |  |  |  |
| 2. Are you currently or have you ever been a tenant of the Housing Authority of the City of Pueblo?   |  |  |  |  |  |
| □ Yes □ No  |  |  |  |  |  |
| If yes, please explain:   |  |  |  |  |  |
|   |  |  |  |  |  |
| 3. Are you able to provide identification to the Housing Authority of the City of Pueblo that proves you are legally eligible to work in the United States?   |  |  |  |  |  |
| □ Yes □ No  |  |  |  |  |  |
| If no, please explain:  |  |  |  |  |  |
|   |  |  |  |  |  |
| 4. Please provide us with any other information you feel makes you qualified for the position that we have not asked for:   |  |  |  |  |  |
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|   |  |  |  |  |  |
| Please Read Before Signing  |  |  |  |  |  |
| By signing below, you are certifying that all statements and information provided on this application are true,   |  |  |  |  |  |
| accurate and correct and made in good faith. You understand that any false or misleading statements may   |  |  |  |  |  |
| result in disqualification from consideration or termination of employment at any time.   |  |  |  |  |  |
|   |  |  |  |  |  |
| You authorize the Housing Authority of the City of Pueblo and/or its representatives, including consumer  |  |  |  |  |  |
| reporting bureaus, to verify any of the information including, but not limited to, employment history, reference  |  |  |  |  |  |
| checks, criminal background checks and motor vehicle driving records.   |  |  |  |  |  |
| Vou authorize all needle, cohoole, companies and low enforcement authorities to release any information   |  |  |  |  |  |
| You authorize all people, schools, companies and law enforcement authorities to release any information concerning your background and hereby release such people and organizations from any legal liability in |  |  |  |  |  |
| making such statements that may adversely impact an employment decision.  |  |  |  |  |  |
| making such statements that may adversely impact an employment decision.  |  |  |  |  |  |
| You understand that if the Housing Authority of the City of Pueblo extends an offer of employment, it is  |  |  |  |  |  |
| conditional upon your successful completion of a pre-employment physical, physical, drug screening and  |  |  |  |  |  |
| criminal background check.  |  |  |  |  |  |
| chiminal background check.  |  |  |  |  |  |
| You understand that this application does not create an implied contract of employment nor guarantee  |  |  |  |  |  |
| employment for any definite period. Final decisions regarding hiring will be made by the Executive Director of  |  |  |  |  |  |
| the Housing Authority of the City of Pueblo and your employment may be terminated at any time with or   |  |  |  |  |  |
| without reason and with or without notice.  |  |  |  |  |  |
|   |  |  |  |  |  |
| You have read, understand, and by your signature below do consent to these statements and formally submit   |  |  |  |  |  |
| this application for consideration of employment with the Housing Authority of the City of Pueblo.  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Signature of Applicant Date Signed/Submitted  |  |  |  |  |  |
| -<br>-  |  |  |  |  |  |
|   |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |
| r illited Name  |  |  |  |  |  |