



## INSTRUCTIONS

### **Please Read First**

Find the job(s) that you wish to apply for under ***Current Job Openings*** and print out the announcement and any supplemental questions that may be included. Be sure to complete a separate application for EACH position for which you are applying. You **MUST** also complete and submit ALL supplemental questions for each job for which you are applying. Applications submitted without completing the supplemental questions will be disqualified and will not be considered.

Do not modify or edit application materials in any way or your application will be disqualified. Employment applications may be delivered or mailed to SAHA. Mailed applications must be postmarked no later than the advertised job closing date.

Applications may be delivered by the posted deadline to:

San Antonio Housing Authority  
ATTN: Human Resources Department  
818 S. Flores Street  
San Antonio, TX 78204

SAHA requires original signatures on all applications. Application materials submitted electronically, or by fax, will not be considered.



## SAN ANTONIO HOUSING AUTHORITY

We welcome your interest in employment opportunities with the San Antonio Housing Authority. This organization is strongly committed to honoring and respecting the diverse values, beliefs, life experiences, and contributions of one another and the community we serve.

**The San Antonio Housing Authority is an Equal Opportunity Employer.**

This application must be completed for employment consideration.

***Resumes in lieu of applications will not be accepted.***

Please return completed application by recruitment closing date to:

**San Antonio Housing Authority, Human Resources Department, 818 S. Flores, San Antonio, Texas 78204**

**Please print or type and use dark ink.** This application is part of the examination process. If you need additional space, attach a separate sheet. We strongly suggest you keep a copy of your completed application.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Job title for which you are applying for Social Security No.\*

\* Optional Consideration. Failure to submit Social Security will not prohibit employment in accordance with Federal Law U.S.C. 552a Section 7 (b)

3. \_\_\_\_\_  
Last Name First Name MI

4. Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a review on your work and educational record? ☐ Yes ☐ No If yes, explain below:

\_\_\_\_\_

5. \_\_\_\_\_  
Street Address City State Zip Code

6. ( ) - ( ) - ( ) -  
Home Phone Mobile Phone Message Phone

7. \_\_\_\_\_  
Drivers' License Number (if required for position) State Expiration Date

8. Please select which of the following type(s) of work you are willing to accept:

☐ Regular Full-time (with full benefits) ☐ Regular Part-time

9. Have you previously worked for SAHA? ☐ Yes ☐ No If "Yes" please provide the following information)

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date	Entered	Hired	Elig List	Inactive	Requisition #
Initial					

10. How did you learn of this position? Specify relative, friend, name of newspaper, radio station, etc.:

\_\_\_\_\_

### EDUCATION

11. Please describe your education or training. Include any university, college, business, technical, trade, correspondence, military service schools, other schools or affiliations. If you attended an institution that is not accredited by a nationally recognized accreditation agency, please note that on this application.

Graduated from high school? ☐ Yes ☐ No GED? ☐ Yes ☐ No

School Name and Location	Dates Attended				Hours		Course Titles or Major Field	Degree or Certificate Received
	From		To		Completed			
	MO	YR	MO	YR	SEM	QRT		

### EXPERIENCE

12. List all employment for the last ten years beginning with the most recent. Include related paid, non-paid or volunteer work. Use additional sheets if necessary.

May we contact your present employer? ☐ Yes ☐ No

Dates of Employment		Title:
From: ____ / ____ To: ____ / ____		Duties:
Hours per week: ____		
Employer: _____		
Address: _____		
City: _____ State: ____ Zip: _____		
Phone: _____ Alt. Phone: _____		Reason for leaving:
Supervisor	Name: _____	
	Phone: _____	
Last Month's Salary: _____		Number of people supervised? _____

Dates of Employment	Title:
From: ____ / ____ To: ____ / ____	Duties:
Hours per week: ____	
Employer: _____	
Address: _____	
City: _____ State: ____ Zip: ____	
Phone: _____ Alt. Phone: _____	
Supervisor Name: _____	Reason for leaving:
Phone: _____	
Last Month's Salary: _____	Number of people supervised? _____

Dates of Employment	Title:
From: ____ / ____ To: ____ / ____	Duties:
Hours per week: ____	
Employer: _____	
Address: _____	
City: _____ State: ____ Zip: ____	
Phone: _____ Alt. Phone: _____	
Supervisor Name: _____	Reason for leaving:
Phone: _____	
Last Month's Salary: _____	Number of people supervised? _____

**I understand that any oral or written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process, will result in rejection of my application or denial of employment. If discovered after employment, the result will be dismissal from the San Antonio Housing Authority.**

- \* I understand that employment with the San Antonio Housing Authority is an at-will nature and that employment and employment processing may be terminated at any time by either party with or without notice.
- \* I certify that all the statements contained herein are true and complete whether made by me, or others at my request.
- \* I understand that I must prove that I am authorized to work in the United States if I am hired.
- \* I authorize the employing agency to verify the employment and education information provided on this employment application. I release this company and former employer from liability for providing information relating to these references.
- \* I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.
- \* For the purpose of compliance with the Immigration Reform and Control Act, I am legally eligible for employment in the United States.
- \* I authorize my driving record to be checked by the Housing Authority, I understand all employees of the housing Authority must have a valid Texas Drivers License, Class "C".

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## An Equal Opportunity - Affirmative Action Employer

### INSTRUCTIONS:

The information provided in this section is for statistical record keeping and will be maintained apart from the application. In addition, we request that you voluntarily answer questions relating to sex, ethnicity, physical disability, etc. Choosing not to answer the voluntary questions will in no way affect the processing of your application.

Position you are applying for: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) -  
Home Phone Number

( ) -  
Cell Phone Number

( ) -  
Work Phone Number

- -  
Social Security No.

Gender: ☐ Male ☐ Female

- -  
Date of Birth

Ethnicity: Select one from below:

☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islander

☐ Native American ☐ Alaskan-Native ☐ Other: \_\_\_\_\_

Military Status: Select one from below:

☐ 00 = None ☐ 01 = Active Reserves ☐ 02 = Inactive Reserves ☐ 03 = Veteran

Are you currently a resident of Public Housing or Leased Housing Section 8? ☐ Yes ☐ No

If yes, please indicate what development you are living at: \_\_\_\_\_

**Please return completed application by recruitment closing date to:**

**San Antonio Housing Authority  
Human Resources Department  
818 S. Flores St.  
San Antonio, Texas 78204**

## DISCLOSURE AND AUTHORIZATION FORM

This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act ("FCRA"), 15 U.S. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

By this document, the San Antonio Housing Authority discloses to you that a consumer report, which may include your criminal history, driving record and other background information, may be obtained for employment purposes as part of the pre-employment background investigation to evaluate your eligibility for hire and at any time during your employment.

I voluntarily and fully authorize the San Antonio Housing Authority to obtain a consumer report as part of the hiring process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the San Antonio Housing Authority to obtain consumer reports at any time during my employment period.

Please sign below to signify that this information has been disclosed to you and that you provide authorization to the San Antonio Housing Authority.

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Signature of Applicant

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Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

### BACKGROUND CHECK

San Antonio Housing Authority has contracted with a licensed pre-employment screening service to verify certain information contained in your application for employment and information provided by you during the interview process. It is possible that your employment may be determined in whole or in part by SAHA using data from the report supplied by this agency. Pursuant to section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

### CONVICTION RECORD

I hereby authorize the District/County Clerk of Bexar County, Texas and other applicable state or federal agencies to furnish SAHA any and all information concerning my conviction record. I understand that this information will only be used to determine my suitability for employment in specific jobs or specific job placements. This information will be considered confidential and will be used for business purposes on a need to know basis.

Have you ever been convicted for violations of any traffic laws? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor)? ☐ Yes ☐ No

(A conviction will not automatically disqualify an applicant from employment. Each case will be evaluated individually.)

If yes, please explain: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### DRIVERS LICENSE RECORD

I hereby authorized the Texas Department of Public Safety to furnish SAHA any and all information concerning my driving record.

Texas Driver's License: ☐ Class A ☐ Class B ☐ Class C ☐ None

Texas Driver's Number: \_\_\_\_\_ Expires on: \_\_\_\_\_ Other State (if applicable): \_\_\_\_\_

Texas Identification Number: \_\_\_\_\_ Expires on: \_\_\_\_\_ Other State (if applicable): \_\_\_\_\_

### RESIDENCE VERIFICATION

List all residential addresses in the last 7 years.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

I hereby release SAHA, it's officers, Commissioners, employees, attorneys, representatives, and agents, as well as the aforementioned local, state, or federal agencies, and their officials, employees, attorneys, representatives and agents, who furnish information to SAHA, from all liability arising out of the release, receipt, or use of information furnished pursuant to his authorization.

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

\_\_\_\_\_  
Date

## CONSENT TO PHYSICAL TESTING

I, \_\_\_\_\_, have been informed that if I am offered employment with San Antonio Housing Authority (SAHA), I may be required to submit to tests for detection of controlled substances ("drugs") or alcohol in my system. Testing procedures may include a full physical examination, may be used to determine my suitability for employment with SAHA but will not be used for criminal proceedings. I further understand that I may be rejected for employment with SAHA should I refuse to undergo a required physical examination, blood tests, urine tests, and/or breath tests, or a combination of any aforementioned procedures.

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

\_\_\_\_\_  
Date

## NEPOTISEM (RELATIVES) GUIDELINES

Do you have any relatives (blood or marriage) working for San Antonio Housing Authority or vendor/contractor of SAHA?

☐ Yes ☐ No If yes, list the name(s), relationship(s) and department(s) where they work or vendor/contractor for whom they work for \_\_\_\_\_

No one may be employed or transferred into a department where a person related by blood or marriage is employed as a supervisor. For the purpose of clarification, family members would include the applicant's/employee's immediate family members and in-laws as well as, aunt/step aunt, uncle/step uncle, nephew/step nephew, niece, grandparents/ step grandparent, grandchildren/step grandchildren, and first cousin//step first cousin. I understand that any misrepresentation or omission of facts concerning family members on my application or during the interview process is cause for rejection of my application or my dismissal from employment, if hired.

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

\_\_\_\_\_  
Date

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

“I certify that all of the foregoing statements are true and correct. I am willing to take a physical, and other examinations when required, and I authorize investigation from whatever source of all statements contained in this application form and all information provided by me during the applicant screening process. I understand that any misrepresentation or omission of fact on this application or during the applicant screening process is cause for rejection on my application or my dismissal from employment, if hired. San Antonio Housing Authority (SAHA) management retains the sole right to determine my qualifications for a position.

I understand and agree that if I am employed by SAHA my employment shall be for an indefinite period, there shall be no guarantees, expressed or implied, as to how long SAHA will continue my employment, and any employment may be terminated at any time, with or without cause and without recourse, by SAHA or myself.

I further understand and agree that no employee or official of SAHA has any authority to alter the terms of my at-will employment through oral statements or promises, and that any agreement or promise that alters this policy must be in writing and signed by the President/CEO.

I further understand and agree that if successful in obtaining a job with SAHA, as a condition of my employment with SAHA, I will be subject to, and upon request will submit to, security type investigations, drug and alcohol screening, and applicable skills testing during the course of my employment.

I understand that in order for this application to remain in effect, I must renew it within six months.”

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Signature of Applicant

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Date



SAN ANTONIO HOUSING AUTHORITY  
SECTION 3 PROGRAM

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The following form was developed for the purpose of administering this Section 3 program and shall be used by bidders/proposers in their efforts to comply with certification requirements of Section 3 as required herein. Additional copies of any Section 3 form referenced within this Section 3 program may be obtained by contacting the Authority's Section 3 Coordinator.

**SECTION 3 PROGRAM**

**Application and Certification for Resident Seeking Preference in Training & Employment**

I, \_\_\_\_\_, am legal resident of \_\_\_\_\_ and meet the income eligibility guidelines for a Low- or Very Low-Income person as published below.

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ ( ) - \_\_\_\_\_  
Phone

Skill, Trade, Profession History: \_\_\_\_\_

I have attached the following documentation as evidence of my status:

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of Lease  | <input type="checkbox"/> Copy of receipt of public assistance |
| <input type="checkbox"/> Copy of evidence of Participation in a Public Assistance Program | <input type="checkbox"/> Other evidence                       |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

By Signing, I certify that all of the information given above Is True and accurate and that if found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified section 3 resident and may be grounds for termination of any employment or contract that resulted from this application and/or certification.

\_\_\_\_\_  
Signature of SAHA President/CEO or Designee

\_\_\_\_\_  
Date

SAN ANTONIO HOUSING AUTHORITY  
SECTION 3 PROGRAM

**Purpose:**

The purpose of Section 3 of the Housing and Urban Development of 1968 (12 U.S.C. 1701u) (Section 3) is to ensure that employment and other economic and business opportunities generated by HUD Financial Assistance shall be directed to San Antonio Housing Authority (SAHA) Residents and other low- and very low-income persons, particularly those who are recipients of government housing assistance and to business concerns which provide economic opportunities to SAHA Residents and other low- and very low-income persons.

**Section 3 resident means:**

- (1) A public housing resident; or
- (2) An individual who resides in the metropolitan area or non-metropolitan county in which the section 3 covered assistance is expended, and who is:
  - I. A low-income person, as this term is defined in section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2)). Section 3(b)(2) of the 1937 Act defines this term to mean families (including single persons) whose incomes do not exceed 80% of the median family income for the area, as determined by the Secretary, with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low-income families; or
  - II. A very low-income person, as this term is defined in section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2)). Section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2) defines this term to mean families (including single persons) whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments made for smaller or larger families, except that the Secretary may establish income ceilings higher or lower than 50% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes.
- (3) A person seeking the training and employment preference provided by section 3 bears the responsibility of providing evidence (if requested) that the person is eligible for the preference.

Service area means the geographical area in which the persons benefiting from the section 3-covered project reside.

The figures below represent very low-income families; bottom figures represent low-income families.

INCOME LIMITS FOR SECTION 3 EFFECTIVE 02/13/08								
Household	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very-Low	\$19,150	\$21,900	\$24,600	\$27,350	\$29,550	\$31,750	\$33,900	\$36,100
80% Area Median Income	\$30,650	\$35,000	\$39,400	\$43,750	\$47,250	\$50,750	\$54,250	\$57,750

**Any questions or concerns, please contact the San Antonio  
Housing Authority, Section 3 Coordinator at (210)477-6166.**