



PEOPLES' SELF-HELP HOUSING CORP. EMPLOYMENT APPLICATION

Return Application to:

Peoples' Self-Help Housing Corp.
Attn: Human Resources
3533 Empleo St.
San Luis Obispo, CA 93401
Phone: (805) 781-3088
Fax: (805) 544-1901

INSTRUCTIONS TO THE APPLICANT:

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT FOR SIGNATURE. A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH JOB OPENING. AN INCOMPLETE APPLICATION MAY RESULT IN NON-CONSIDERATION. KEEP A COPY OF THE APPLICATION IF YOU REQUIRE ONE. ONCE SUBMITTED, THE APPLICATION AND ATTACHED DOCUMENTS BECOME THE PROPERTY OF PEOPLES' SELF-HELP HOUSING CORP.

Please print or type:

Position Applying for:	Date:
Date you can start:	Desired Salary:

First Name	Middle Initial	Last Name
Street Address		Home Phone Number () ()
City, State & Zip		Message/Work Phone () ()
		Email Address

RELATED SKILLS & ABILITIES • Indicate skills & abilities you possess that are related to the position for which you are applying.

Typing Speed _____ WPM	Word Processing Experience _____ months OR _____ years	Computer Programming Software/Languages
Word Processing Software		Computer Operating Systems / Hardware
Other Skills & Abilities (such as interpreting or other language skills; spreadsheet, database, and other computer software; relevant office equipment)		What foreign languages to you speak/write fluently?
		Licenses/Certificates (Attach copy if required for position; Indicate type, state, class/level, and expiration date.)

Answer (X) "yes" or "no" to each question below:	YES	NO	FURTHER INSTRUCTIONS
1) Are you 18 years of age or older?			1b) If "no," a work permit is required at time of employment.
2) Can you, after employment, submit verification of your legal right to work in the United States?			
3) Do you have any close relative(s) employed at Peoples' Self-Help Housing Corp. or The Duncan Group?			3b) If "yes," indicate name & relationship of relative(s):
4) Have you ever been dismissed from employment?			4b) If yes, please explain.
5) Have you ever applied to this company before?			5b) If yes, when?
6) Can you perform the essential functions of this position with or without accommodations?			
7) How did you hear about this position?			
8) Have you been convicted of a misdemeanor or felony as an adult? ____YES ____NO If yes, state nature of the crimes(s), when and where convicted and disposition of the case. (Convictions for marijuana-related offenses that are more than two years old need not be listed.)			

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EMPLOYMENT HISTORY

- A resume may accompany this form but will not be accepted in lieu of completion of ANY SECTION of this form.
- Include all employment, military, and relevant volunteer experience within the last 10 years (more if needed to qualify) beginning with your current or most recent employer. Additional qualifying or related experience may be listed on a separate sheet with your name.

May we contact your present employer? YES NO
 May we contact your previous employers? YES NO

May we contact you at work? YES NO

EMPLOYER #1: Organization/Company Name	Job Title & Department	Average # Hours per Week
Employer's Address	Salary/Payment Basis Start \$ per Final \$ per	Dates of Employment (Mo/Yr) From: To:
Immediate Supervisor & Telephone Number	Reason for Leaving	
Job Duties		
EMPLOYER #2: Organization/Company Name	Job Title & Department	Average # Hours per Week
Employer's Address	Salary/Payment Basis Start \$ per Final \$ per	Dates of Employment (Mo/Yr) From: To:
Immediate Supervisor & Telephone Number	Reason for Leaving	
Job Duties		
EMPLOYER #3: Organization/Company Name	Job Title & Department	Average # Hours per Week
Employer's Address	Salary/Payment Basis Start \$ per Final \$ per	Dates of Employment (Mo/Yr) From: To:
Immediate Supervisor & Telephone Number	Reason for Leaving	
Job Duties		
EMPLOYER #4: Organization/Company Name	Job Title & Department	Average # Hours per Week
Employer's Address	Salary/Payment Basis Start \$ per Final \$ per	Dates of Employment (Mo/Yr) From: To:
Immediate Supervisor & Telephone Number	Reason for Leaving	
Job Duties		
EMPLOYER #5: Organization/Company Name	Job Title & Department	Average # Hours per Week
Employer's Address	Salary/Payment Basis Start \$ per Final \$ per	Dates of Employment (Mo/Yr) From: To:
Immediate Supervisor & Telephone Number	Reason for Leaving	
Job Duties		

EDUCATION

Name of High School Attended	City/State of High School Attended	Highest grade level completed (1 - 12, or GED)
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COLLEGES AND UNIVERSITIES

Name of College/University #1	City and State	# Units Completed	Unit Type - check (X) one ___ sem ___ qtr
Major/Concentration	Degree/Certificate Objective	Year Degree/Certificate Conferred	
Name of College/University #2	City and State	# Units Completed	Unit Type - check (X) one ___ sem ___ qtr
Major/Concentration	Degree/Certificate Objective	Year Degree/Certificate Conferred	

BUSINESS, TRADE, VOCATIONAL, TECHNICAL, AND MILITARY SCHOOLS

Name of School/Institution #1	City and State	# Units Completed	Unit Type - check (X) one ___ sem ___ qtr ___ hrs
Major/Concentration	Degree/Certificate Objective	Year Degree/Certificate Conferred	
Name of School/Institution #2	City and State	# Units Completed	Unit Type - check (X) one ___ sem ___ qtr ___ hrs
Major/Concentration	Degree/Certificate Objective	Year Degree/Certificate Conferred	

QUALIFICATIONS SUMMARY

- Briefly describe how your experience, skills, knowledge, and abilities (including any apprenticeships) qualify you for THIS position.

REFERENCES • List at least three persons not related to you who can attest to your professional abilities and character		
Name	Occupation	Telephone No. (w/area code)
Street Address, City, State & Zip		
Name	Occupation	Telephone No. (w/area code)
Street Address, City, State & Zip		
Name	Occupation	Telephone No. (w/area code)
Street Address, City, State & Zip		
Name	Occupation	Telephone No. (w/area code)
Street Address, City, State & Zip		
AVAILABILITY • Check type of employment for which you are available		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
OTHER		
In case of emergency, notify (name, address and phone number)		

By signing below: I hereby certify that all statements made on this application and all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that my stated pre-employment qualifications are subject to verification and I hereby authorize Peoples' Self-Help Housing Corp. to confirm any information provided. I understand that any falsification or deliberate omission of fact on my application materials may be cause for termination. Peoples' Self-Help Housing Corp. only hires individuals lawfully authorized to work in the U.S. If hired, I agree to provide proof of my identity and work authorization as required by the Immigration Reform and Control Act of 1986. If hired, I agree to abide by all policies and procedures established by Peoples' Self-Help Housing Corp.

Any offer of employment I may receive from Peoples' Self-Help Housing Corp. is contingent upon my successful completion of the company's total preemployment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer preemployment medical examination that the company may require.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. I further understand that this is an application for employment and that no employment contract is being offered.

I recognize that employment at Peoples' Self-Help Housing Corp. is "at will", which means either Peoples' Self-Help Housing Corp. or I may terminate my employment at anytime with or without cause or notice. I understand that Peoples' Self-Help Housing Corp. retains the sole discretion to modify compensation and benefits, position duties and other terms and conditions of employment, and the right to impose discipline including suspension and demotion, at its sole discretion.

Applicant's Signature

Date

Peoples' Self-Help Housing Corp. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Peoples' Self-Help Housing Corp. complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Peoples' Self-Help Housing Corp. also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the American with Disabilities Act and applicable state and local laws.