**Position you are applying for**: **Bi-Lingual Choice Neighborhood Case Manager**

Instructions to Applicant: This form is fillable. Either type in all information or print answers in black ink. Answer all questions. Date, sign and send via email to [askhr@hacm.org](mailto:askhr@hacm.org) or mail to the above address.  
**Any modification made to this document will result in immediate rejection.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  |  | | | | | | | | |  | |  | | |  | | | | | |  | | Do you currently live in the City of Milwaukee? | | | | | | | | | | | | | | | | | | | |
| Last | | | | | | | First | | | | | | | | | | | Initial | | | | | | | | | | |  | | | | | Yes | | | | | |  | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | Apt. # | | | | | | If yes, when did you become a resident? | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | |  | |  | | | | |  | |  | | | | | | | | |  | | (month/year) | | | | | | | |  | | | | | | | | | | |  |
| City | | | | | | | | | | | State | | | | | | | Zip | | | | | | | | | | | *NOTE: Housing Authority employees must live in the City of Milwaukee. Residency proof will be required at the time of hire or within six month.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| Day Phone: | | | ( | |  | | | ) | |  | | | | | | | | | | | | | | | | |  | |
| Evening Phone: | | | ( | |  | | | ) | |  | | | | | | | | | | | | | | | | |  | |
| Email Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Other names by which you have been known on official records: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | |  | | | | | |  | | |  | | |  | | | | | | | | | | | | | |  | | |  | |  | |
| Are you 18 years of age or older? | | | | | | | | | | | | | |  | | Yes | | | | | |  | | | No | | | If under 18, how old are you? | | | | | | | | | | | | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Years | | |  | | Months | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing Authority employees: | | | | | | | | | | | | Name: | | | | |  | | | | | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a driver’s license? | | | | | | | | | | | | |  | | Yes | | | |  | | | | | No | |  | |  | | Operator | | | | |  | | | Commercial (CDL) | | | | | | |  | | Other | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License number: | | | |  | | | | | | | | | | | | | | | | | State of issue: | | | | | | | | | |  | | | | Expiration date: | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List any licenses, registrations and/or certificates you possess that are related to job you are applying for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | | | | | | | | | | | | | | | | | |
| Have you ever been in the Armed Forces? | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | No | | | | | | | | | | | | | | | | | |
| Are you now a member of the National Guard? | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | No | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialty |  | | | | | | | | | | | | | | | | | | | | | | | | Date Entered: | | | | | | | |  | | | | | | Discharge Date | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

In accordance with the Immigration Reform and Control Act of 1986, the Housing Authority of the City of Milwaukee will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual’s ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The Housing Authority of the City of Milwaukee requires pre-employment drug testing.**

***THE HOUSING AUTHORITY OF THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.***

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer’s premises during nonworking hours.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **EMPLOYMENT INFORMATION** | | | | | | | | | |  | | | | | | |
| Are you legally authorized to work for any employer in the United States? | | | | | | | | | | | | | | | | |  | | Yes | |  | | No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are |  | | PRESENTLY or were | | | | | |  | | PREVIOUSLY employed by City/Housing Authority of the City of | | | | | | | | | | | | | |
| Milwaukee, list the following: | | | | | | | Position Title: | | | | | |  | | | | | | | | | | | |
| Department: | |  | | | | | | | | | From (Mo/Yr): | | |  | | | | | | To (Mo/Yr): | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have ever been convicted of an offense other than minor traffic violations, list details below, please provide | | | | | | | | | | | | | | | | | | | | | | | | |
| your birthdate: | | |  | | Your birthdate will be used for conviction verification only. | | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | |  | |  | | |  |  | | | | |  |  | | |
| Charge | | | |  | | Date | | | |  | | Location | | |  | Court | | | | |  | Disposition of Case | | |
|  | | | |  | |  | | | |  | |  | | |  |  | | | | |  |  | | |
|  | | | |  | |  | | | |  | |  | | |  |  | | | | |  |  | | |
|  | | | |  | |  | | | |  | |  | | |  |  | | | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Convictions do not automatically bar employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge. | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **EMPLOYMENT HISTORY** | | | | | | | | | | | |  | | | | | | |
| Please list your work experience for the past ten years beginning with your most recent job held. If you were self-employed, give the firm name. Attach additional sheets if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Employer: | |  | | | | | | | | | | Employment Dates: From: | | | | | | | | |  | | To: |  |  |
| Address: | |  | | | | | | | | | |  | | | | | | | | |  | |  |  | |
| City: | |  | | | | | | | State: | |  | | | | Zip Code: | |  | | | | |  | | | |
| Contact Name: | | |  | | | | | |  | | Phone: | | | | |  | | | | | |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| Reason for leaving: | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| May we contact your present employer? | | | | | | | |  | | Yes | |  | | No | | | | | | | | | | | |
| Beginning Job Title: | | | | | |  | | | | | | | Ending Job Title: | | | | | | |  | | | | |  |
| Beginning Salary: | | | |  | | | | | | | |  | Ending Salary: | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |  | | | | | | | | | | | | |
| Employer: | |  | | | | | | | | | Employment Dates: From: | | | | | | | |  | | To: |  |  |
| Address: | |  | | | | | | | | |  | | | | | | | |  | |  |  | |
| City: | |  | | | | | | State: | |  | | | | Zip Code: | |  | | | |  | | | |
| Contact Name: | | |  | | | | |  | | Phone: | | | | |  | | | | |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | |  |
| Reason for leaving: | | | | |  | | | | | | | | | | | | | | | | | |  |
| May we contact your previous employer? | | | | | | |  | | Yes | |  | | No | | | | | | | | | | |
| Beginning Job Title: | | | | | |  | | | | | | Ending Job Title: | | | | | |  | | | | |  |
| Beginning Salary: | | | |  | | | | | | |  | Ending Salary: | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | |
| Employer: | |  | | | | | | | | | Employment Dates: From: | | | | | | | |  | | To: |  |  |
| Address: | |  | | | | | | | | |  | | | | | | | |  | |  |  | |
| City: | |  | | | | | | State: | |  | | | | Zip Code: | |  | | | |  | | | |
| Contact Name: | | |  | | | | |  | | Phone: | | | | |  | | | | |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | |  |
| Reason for leaving: | | | | |  | | | | | | | | | | | | | | | | | |  |
| May we contact your previous employer? | | | | | | |  | | Yes | |  | | No | | | | | | | | | | |
| Beginning Job Title: | | | | | |  | | | | | | Ending Job Title: | | | | | |  | | | | |  |
| Beginning Salary: | | | |  | | | | | | |  | Ending Salary: | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **EDUCATION AND TRAINING** | | | |  |  | | | | |
| Type of School |  | Name of School | |  |  | | | |  |  | Major/Degree | |
|  |  |  | |  |  | | | |  |  |  | |
| GED: |  |  | |  | Phone Number: |  | | |  |  |  |  |
| Location (address): |  |  | |  | Dates Attended: |  | | |  |  |  | |
|  |  |  | |  |  |  | | |  |  |  | |
|  |  |  | |  |  |  | | |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  |
| High School: |  |  | |  | Phone Number: |  | | |  |  |  | |
| Location (address): |  |  | |  | Dates Attended: |  | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  | |
| College: |  |  | |  | Phone Number: |  | | |  |  |  |  |
| Location (address): |  |  | |  | Dates Attended: |  | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  | |
| Business or Trade: |  |  | |  | Phone Number: |  | | |  |  |  |  |
| Location (address): |  |  | |  | Dates Attended: |  | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  |  |
|  |  |  | |  |  | | | |  |  |  |  |
| Professional School: |  |  | |  | Phone Number: |  | | |  |  |  |  |
| Location (address): |  |  | |  | Dates Attended: |  | | |  |  |  | |
|  |  |  | |  |  | | | |  |  |  |  |
|  |  |  | |  |  | | | |  |  |  | |

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a Housing Authority position. I understand that a City Charter Ordinance requires Housing Authority employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the Housing Authority. I authorize the Housing Authority to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Signature: |  |  | Date: |  |  |

**SUPPLEMENTAL APPLICANT INFORMATION**

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the Housing Authority of the City of Milwaukee’s Affirmative Action efforts and to comply with Federal recordkeeping requirements.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name: | |  | | | | | | | | | | | | | |  |  | | | | | | | | | |  |  | | | | |  | |
|  |  | | Last | | | | | | | | | | | | | |  | First | | | | | | | | | |  | Middle | | | | |  | |
|  |  | |  | | | | | | | | | | | | | |  |  | | | | | | | | | |  |  | | | | |  | |
| 2. | Position Applied For: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Recruiting information: How did you FIRST hear about this job opening? (Please check only one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  | |
|  |  | Milwaukee Journal Sentinel | | | | | | | | | | | | | | | | |  | www.hacm.org | | | | | | | | | | | | | |  | |
|  |  | City Hall Posting | | | | | | | | | | | | | | | | |  | Library Posting | | | | | | | | | | | | | |  | |
|  |  | From a City/Housing Authority Employee | | | | | | | | | | | | | | | | |  | From Someone NOT an Employee | | | | | | | | | | | | | |  | |
|  |  | Community Agency Posting (please specify) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |
|  |  | College or University Posting (please specify) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |
|  |  | Other Newspaper (please specify) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  |  | Other internet site (please specify) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  |  | Other (please specify) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  |  |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| 3. | Gender: | | |  | | | Male | | |  | | | Female | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | |  | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | |  | |
| 4. | Race (check one): | | | | | | |  | | | Black/African American (not of Hispanic origin) | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | |  | | | White/Caucasian/European/North African/Middle Eastern | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | |  | | | Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | |  | | | Native American Indian/Alaskan Native | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | |  | | | Asian American/Pacific Islander/Far Eastern/Indian subcontinent or | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | |  | | | | | | Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa) | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
| 5. | List any languages, other than English, you speak Fluently: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| 6. | The **Section 3** program requires that recipients of certain HUD financial assistance, to the greatest extent possible, provide job training, employment, and contract opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods.  If you live in government-assisted housing or if your household income falls below HUD's income limits, you may qualify as a Section 3 resident. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | I live in a HACM public housing development: | | | | | | | | | | | | | | | | | | Yes: | |  | | | No: |  | | | | | | | | |  | |
|  |  | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |
| 7. | Currently living in Milwaukee, Waukesha, Ozaukee or Washington County? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | No |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  |  | |
| 8. | Household Size: | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | Total Household Income: | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | The above completed information is true to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Signature: | | | |  | | | | | | | | | | | | | | | | | | | | |  | Date: | | | |  | | | |  |