



## Housing Authority of the County of Merced

405 U STREET MERCED, CA 95341  
PHONE (209) 722-3501 TDD 711 or 800-855-7100  
[www.merced-pha.com](http://www.merced-pha.com)

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### **ELIGIBILITY SPECIALIST I**

(Open & Promotional)

#### **FINAL FILING DATE**

**OPEN UNTIL FILLED**

#### **SALARY RANGE**

**\$1,380.49 to \$1,677.99**  
(Bi-weekly, D.O.Q.)

### **EMPLOYMENT INFORMATION AND EMPLOYEE BENEFITS**

The Housing Authority of the County of Merced (Authority) has been providing quality housing for the citizens of Merced County since 1942. Over the years, the organization has grown and developed to meet the changing needs of its residents. The primary objective of the Authority is to provide decent, safe, and sanitary housing to low-income families at an affordable price. The Authority's mission is to provide this housing within an environment that fosters the advancement of low-income families from a position of dependency to one of self-sufficiency.

For a full list of job duties and requirements, you must view the attached job description.

#### **EMPLOYEE BENEFITS:**

**Flex Work Schedule:** The Authority works a 9/80-work schedule, Monday–Thursday, and is closed every other Friday.

**Vacation:** Ten days of paid vacation and an additional five days per year of annual leave are provided after completion of 5, 10, 15, and 20 years.

**Holidays:** 15 paid holidays.

**Sick Leave:** 12 days of paid sick leave per year with unlimited accumulation.

**Retirement:** The Authority participates in both Social Security and Public Employees' Retirement System (CalPERS).

**Deferred Compensation:** The Authority offers a deferred compensation plan to all employees.

**Health/Life Insurance:** Employees are eligible for participation in life, medical, dental, and vision insurance with a medical allowance. Dependents may participate in medical, dental, and vision insurance. Employees can also participate in the Flex 125 plan.



**Disability Leave and Workers' Compensation:** The Authority also participates in the State Disability Insurance Program and the California Housing Workers' Compensation Authority.

**SELECTION PROCESS:**

Applications must be received by the above closing date. No postmarks will be accepted. All applications will be reviewed for completeness and satisfaction of minimum qualifications. Those applicants who possess the knowledge, skills, and abilities outlined in the job description will be invited to participate in a competitive written exercise pertinent to the regular functions and tasks of this classification. From those who meet or exceed the qualifications, a final review considering all previous evaluatory factors will determine the finalists who will be invited to appear before an oral interview panel to explore and evaluate the extent of their knowledge, work experience, education, and personal characteristics that are incumbent within this particular job classification.

Possession of the requirements does not necessarily assure an applicant a finalist position. Selected finalists will participate in an interactive process that will evaluate a candidate's qualifications with the skills, abilities, knowledge, and experience of other finalists, as well as the job requirements of this classification.

Final selection of a qualified candidate shall be from among those appearing before the appraisal panel. Barring undue hardship, reasonable accommodations can be made in the examination process for disabled individuals or for religious reasons. Accommodation requests should be made in advance to the Human Resources Department. The above selection process is usually assigned to this job classification. However, the Authority reserves the right to modify any or all aspects of the selection process previously listed based on the level of applicant responses, and any extenuating circumstances incumbent upon a specific recruitment.

The Authority shall use the "rule of list" for this recruitment in certifying finalists for hiring. The "rule of list" means there is no specified number of candidates interviewed for each position which comes available. An eligible list containing the names of the most qualified applicants will be maintained based on the scores received in each part of the evaluation process. An eligibility list of qualified finalists will remain in effect for up to one year from the date of closing. An appointment to an open position can be made from any of the qualified finalists participating in the interview process, and the remaining qualified finalists are returned to the eligible hire list to be considered for the next vacancy within this classification.

***Bilingual in English/Spanish or English/Hmong-Laotian preferred.***

Applicant must be able to verify that their physical condition is satisfactory for the requirements of the job. Must demonstrate the ability to perform the essential functions of the job, with or without reasonable accommodation for disabled individuals as defined within the Americans with Disabilities Act of 1990, as amended. Employees must be able

to demonstrate a satisfactory ability to safely bend and lift various equipment and materials utilized in the regular performance of work. Other examples of physical ability would be, but are not limited to, the ability to scale ladders and spend extended periods of time in a sitting position. All physical requirements shall be applicable to the tasks and duties listed for employees within this classification. Initial employment shall be conditional on such verification as determined by a required standard pre-employment physical at the expense of the Authority. Existing Authority employees may be required to requalify regarding the physical ability to perform the essential functions of this job at the discretion of the Authority.

To be an employee of the Authority, a person must be a citizen of the United States, or an alien who has been either lawfully admitted for permanent residence, or authorized to be employed under the terms of the Immigration and Nationality Act, as amended, or as directed by the Attorney General. Must also attest to the fact that they are a United States citizen or alien admitted for permanent residence or authorized employment, and must provide supporting documents to show identity and employment authorization.

**APPLICATION PROCEDURE:**

To apply for this position, you must obtain an application from the Housing Authority of The County of Merced during regular daily business hours: 7:30 a.m. to 5:00 p.m., Monday through Thursday, excluding holidays and posted Friday closures, at the Central Office, 405 'U' Street, Merced, California, 95341 or online at [www.merced-pha.com](http://www.merced-pha.com). Resumes must be submitted with an agency application to be considered. All applications should be returned to the above address, to the attention of Human Resources. Applications must be received by the filing deadline; no postmarks will be accepted. Incomplete or late applications will not be considered. For additional information, call (209) 722-3501, extension #139.

Federal law requires that, prior to employment, you must furnish proof of your identity and eligibility for employment in the United States.

The Authority is a Drug-Free Workplace. The successful applicant for this position will be required to certify their drug-free status by a drug test by a qualified medical provider at no charge to the applicant.

**WORKSITE ASSIGNMENT:**

This position will be assigned primarily to the main office located at 405 U Street, Merced, CA. This position may be required to regularly travel or report to other outlying work sites throughout the County of Merced.

This position is represented by the American Federation of State, County, and Municipal Employees, AFL-CIO, under an Agency shop agreement.

**AN EQUAL OPPORTUNITY EMPLOYER. WOMEN, MINORITIES,  
VETERANS, AND THE DISABLED ARE ENCOURAGED TO APPLY.**

## Section III

### **301. Eligibility Specialist I**

#### Definition:

At the entry level, perform eligibility tasks associated with HCV participants. Finalizes eligibility work-up and prepares the necessary verification, forms, and computations to allow continued participation in the program. Prepares correspondence to clients and owners/agents. Insures completeness of client and owner information, as well as client files. When skill is attained, negotiates renewal rents with owners (Certificate program only). Prepares rent reasonableness reports as required. Conducts federal housing quality inspections to qualify housing for Section 8 programs. Performs clerical duties in conjunction with designated duties.

#### Example of Duties:

Determines financial and occupancy of current participants. Verifies eligibility through the use of written third-party or affidavit documentation. Reports suspected cases of impropriety or fraud involving clients/owners/agents, to the designated supervisor, with supporting documentation. Prepares documentation such as leases, approval requests, contracts and other associated documentation concerning leasing and lease renewals. Formats, structures and prepares letters to owners/agents/clients involving questions of leasing and eligibility. Responsible for documentation, in the client files. Assists in gathering and finalization of data for use at informal and formal hearings. Prepares rent reasonableness documentation when applicable. Works closely with staff to finalize tenancy. Also performs federal housing quality standards opening and closing inspections involving subsidized housing. Conducts eligibility re-examinations in the home, annually. Conducts follow-up actions on below-quality conditions. Counsels clients on sub-standard housekeeping conditions. Inputs detailed data into the existing computer system, including both eligibility and leasing data. Through the probationary period, shows a progression with periodic evaluations, and acquires a working knowledge of Federal Housing Quality Standards, HCV Administrative Plan, and HCV Internal Operating Procedures. Performs other related tasks within the job description.

#### Employment Standards:

General knowledge of the methods, practices and terminology used in filing and office procedures. Performs clerical/records tasks and has the ability to perform related work of this nature, of average difficulty, without close supervision. Ability to post and make arithmetic computations rapidly and accurately. Ability to follow oral and written

Eligibility Specialist I (Continued):

instructions. Ability to operate various office equipment, including the ability to accurately input information into the current computer system. Ability to type 30 words per minute; have a knowledge of modern office practices and procedures. Aptitude and propensity for dealing with people; orderliness and have a neat personal appearance. Must attain a working knowledge of the Administrative Plan as well as the Internal probationary and training period. Employee must maintain an illegal drug-free posture.

Education:

Equivalent to two years of college (48 units or more), and practical experience in the performance of general office record keeping and general office procedures. One year of actual experience in an office, or one year of housing inspection will be accepted as equivalent to one year (24 units) of completed college education.

License:

Mandatory to possess a valid California driver's license, and must present DMV printout if required by employer for verification. Applicant must also be insurable and acceptable to the insurance company providing auto insurance to the Housing Authority.

Other Qualifications:

Must be able to verify that physical condition is satisfactory for the requirement of the job. Employees must demonstrate the ability to perform the essential functions of the job, with or without reasonable accommodation for disabled individuals as defined within the Americans With Disabilities Act of 1990, as amended. Initial employment shall be conditional on such verification as determined by a required standard pre-employment physical at the expense of the Employer. Existing Housing Authority employees are exempt from satisfying this criteria regarding the conditionality of employment prefaced by a pre-employment physical.

To be an employee of the Housing Authority, a person must be a citizen of the United States or an alien who has been either lawfully admitted for permanent residence, or authorized to be employed under the terms of the Immigration And Nationality Act, as amended, or as directed by the Attorney General. Must also attest to the fact that he/she is a United States citizen or alien admitted for permanent residence or authorized employment, and must provide supporting documents to show identity and employment authorization.

(Revised 4/94



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### Notice to Applicants

#### **Regarding Application Status**

Applicants for positions with the Housing Authority of the County of Merced (Authority) will be notified regarding their applicant status. Such notification will be done only in writing.

The Authority will not respond to telephone requests for an application status. The information on an application is of a confidential nature and it is not feasible to request adequate verification of the caller's identity prior to discussing any personal information.

You should receive some written communication regarding the status of your application within 4-6 weeks of the closing date of recruitment.

#### **Regarding Required Drug Testing**

Pursuant to the Drug-Free Workplace Act of 1988, the Authority is required to certify its compliance in providing a drug-free workplace that is free from the illegal manufacture, distribution, dispensation, possession, sale and use of illegal drugs, and the use, possession or distribution of alcohol. All applicants who are extended a Conditional Offer of Employment, shall as part of their pre-employment physical, voluntarily submit to blood and/or urine testing for the presence of alcohol or illegal drugs. Refusal to submit to the required drug testing or any other component of the pre-employment physical examination will result in withdrawal of the employment offer.

Applicants with a confirmed positive test result will be denied employment. The Authority will not discriminate against applicants for employment because of a past history of drug abuse. Therefore, individuals who have failed a pre-employment drug test may reapply for employment with the Authority for any subsequent public recruitment for which they are qualified, after a period of no less than six (6) months. If they achieve the status of a successful candidate for a subsequent recruitment, they must present themselves as drug-free at that time.

Applicants for employment who are public housing residents or Section 8 participants should be advised that in the course of a preemployment physical, a positive test result indicating illegal drug use, in addition to denial of



employment, may also cause eviction and/or termination from public housing programs.

**Regarding Employment Background Inquiries**

California Civil Code Section 47 as amended on January 1, 1995, extends the protection concerning privileged communications to employment references. Its primary purpose is to encourage previous employees to openly and fairly respond to questions from the Authority concerning your past employment situations.

These inquiries are intended to verify the information which you have provided on your application and to furnish the Authority other pertinent information relevant to your job qualifications and employment experience. Information received from these inquiries will remain **STRICTLY CONFIDENTIAL**. Background verifications may be conducted either directly by the Authority or through a third-party investigative consumer reporting agency. Disclosure of information which is received through the background verification process may be disclosed to you in accordance with current California Civil Code Sections 1785 and 1786. In the event that the information received qualifies for disclosure, you may receive a summary of the information reported to the Authority, although the source of the information may be confidential.

Only finalists for this position will be required to sign an information release allowing the Authority to make these inquiries as part of a background investigation. Finalists will be ranked according to oral appraisal; written examination and any other required skills testing scores as stated in the job announcement. A final, conditional offer of employment will be tendered to the successful candidate after consideration and review of all relevant factors.

# APPLICATION FOR EMPLOYMENT

HOUSING AUTHORITY OF THE COUNTY OF MERCED  
405 'U' Street, Merced, California 95341  
(209) 722-3501

## INSTRUCTIONS

1. Please Type or Print in Ink.
2. Complete ALL PAGES of this application.
3. Keep this office informed of ANY CHANGES in your address or phone number.

**NOTE: Applications not properly completed with all requested information will be subject to rejection.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Last) (First) (MI)

MAILING ADDRESS: \_\_\_\_\_  
(P.O. Box) (Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Name And Phone Number Of A Person Who Can Always Reach You

\_\_\_\_\_  
Your Social Security Number

POSITION APPLYING FOR: \_\_\_\_\_

1. If employed, can you provide proof of age? Yes [ ] No [ ]  
(Employment is subject to verification that applicant's age meets legal requirements. Verification must be provided within your first 3 working days.)

2. Have you ever been employed by the Housing Authority? Yes [ ] No [ ]

3. Is any member of your immediate family now employed by the Housing Authority? Yes [ ] No [ ]

If "YES", to whom are you are related? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_  
(Employment may be subject to restrictions of current nepotism policy regarding the definition of "immediate family.")

4. Were you ever discharged, rejected during a probationary period, or have you resigned under pressure of unfavorable circumstances from any employment? Yes [ ] No [ ]

If "YES", explain fully: \_\_\_\_\_

5. Are you applying for veteran's preference consideration? Yes [ ] No [ ]  
(If "Yes", submit a copy of form DD-214 verifying eligible service along with your application BEFORE the final filing date.)

6. Please list any languages in addition to English that you speak or write well enough to act as an interpreter: \_\_\_\_\_

7. Do you possess a VALID California driver's license? Yes [ ] No [ ]

License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

8. Are there any hours, shifts, or days you cannot or will not work? Yes [ ] No [ ]

If "Yes", please explain: \_\_\_\_\_

9. Are you legally eligible for employment in the United States? Yes [ ] No [ ]  
(Successful candidate will be required to provide proof of identity and eligibility for employment within 3 days of beginning employment.)

10. If you are selected the successful candidate for this position, on what date will you be available for work? \_\_\_\_\_

-----  
**EDUCATION AND EXPERIENCE**

High School: 9 10 11 12 High School Graduate? Yes [ ] No [ ]  
(Circle the HIGHEST Grade You Completed)

If you DID NOT graduate, do you have a GED certificate? Yes [ ] No [ ]

Name of High School \_\_\_\_\_  
Location of School \_\_\_\_\_

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Housing Authority Of The County Of Merced  
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| Name And Location Of<br>College(s) or University(s) Attended | Major<br>Course Of Study | Unit            | Credits   | Degree<br>Type           | Degree<br>Date |
|--|--------------------------|-----------------|-----------|--------------------------|----------------|
|  |                          | Semester        | Quarterly |                          |                |
|  |                          |                 |           |                          |                |
| Business, Correspondence or<br>Trade Schools Attended        |                          | Course Of Study |           | Certificate<br>Type/Date |                |
|  |                          |                 |           |                          |                |
|  |                          |                 |           |                          |                |

**EMPLOYMENT EXPERIENCE**

INSTRUCTIONS: Fill out ALL AREAS below. List each job held. Start with your PRESENT or last job. Include military and volunteer activities. (Attach an additional sheet for more than 3 employers.) Failure to provide all information may result in your application being considered incomplete.

**DO NOT MERELY ATTACH A RESUME WITH A NOTATION TO "SEE ATTACHED RESUME".**

|                                 |                 |                 |
|---------------------------------|-----------------|-----------------|
| #1. Employer:                   | Work Performed: | Dates Employed: |
| Address, City, State, Zip Code: |                 | To:             |
| Supervisor's Name:              |                 | From:           |
| Phone #: (    )                 |                 | Job Title:      |
| Reason For Leaving:             |                 |                 |

|                                 |                 |                 |
|---------------------------------|-----------------|-----------------|
| #2. Employer:                   | Work Performed: | Dates Employed: |
| Address, City, State, Zip Code: |                 | To:             |
| Supervisor's Name:              |                 | From:           |
| Phone #: (    )                 |                 | Job Title:      |
| Reason For Leaving:             |                 |                 |

|                                 |                 |                 |
|---------------------------------|-----------------|-----------------|
| #3. Employer:                   | Work Performed: | Dates Employed: |
| Address, City, State, Zip Code: |                 | To:             |
| Supervisor's Name:              |                 | From:           |
| Phone #: (    )                 |                 | Job Title:      |
| Reason For Leaving:             |                 |                 |

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Housing Authority Of The County Of Merced  
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List below any additional information which will aid the Housing Authority in the evaluation of your qualifications for the position for which you are applying. As an example, you may list any special licenses, certificates or honors you have which are applicable. Attach additional sheets if necessary.

| Date Issued | Type of special license, certificate or honor |
|-------------|---|
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

In addition, list any equipment such as typewriter, other office equipment, large outdoor equipment or power tools in which you are experienced in operating, that may be applicable to the position for which you are applying.

| Equipment Type | Describe Applicable Experience |
|----------------|--------------------------------|
|                |                                |
|                |                                |
|                |                                |
|                |                                |
|                |                                |
|                |                                |

List any computer software programs you have used, and rate your proficiency level:

| Program Name | Level Of Expertise (Check One): |              |        |
|--------------|---------------------------------|--------------|--------|
|              | Beginner                        | Intermediate | Expert |
|              |                                 |              |        |
|              |                                 |              |        |
|              |                                 |              |        |
|              |                                 |              |        |

Certification of material facts/representation:

"I hereby authorize investigation of all statements as provided by me in this application as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract or offer of employment. In the event I am subsequently employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further certify that the answers given herein are true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

**ATTACH RESUME OR OTHER SUBMITTALS TO THIS APPLICATION FOR CONSIDERATION**  
(Revised 2/2025)





**Supplemental Questionnaire  
Eligibility Specialist I  
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**5. Describe your experience in working with a diverse population that includes individuals with disabilities, limited English proficiency and various racial, ethnic and economic backgrounds.**

**6. Describe your experience in working directly with clients in a mentoring or problem-solving role.**

**“I hereby certify that the statements provided herein are true and complete to the best of my knowledge. I understand that false or misleading statements or information may result in my disqualification as an applicant or subsequent discharge as an employee.”**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

## AFFIRMATIVE ACTION DATA - OPTIONAL

Applicants do not have to complete this part to be considered for employment. This information is being collected for statistical purposes only. Your answers will not affect the hiring process or hiring decisions. The Housing Authority of the County of Merced does not discriminate in matters of employment because of race, color, national origin, marital status, sex, religion, age or handicap.

### A. Of which racial/ethnic group do you consider yourself?

1.  WHITE:  
*Not Hispanic/Latino origin (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)*
2.  BLACK OR AFRICAN AMERICAN:  
*Not Hispanic/Latino origin (A person having origins in any of the black racial groups of Africa)*
3.  HISPANIC OR LATINO:  
*(A person of Mexican, Puerto Rican, Cuban, Central American or other Spanish culture or origin, regardless of race)*
4.  NATIVE HAWAIIAN OR PACIFIC ISLANDER:  
*Not Hispanic/Latino origin (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*
5.  NATIVE AMERICAN OR ALASKA NATIVE:  
*Not Hispanic/Latino origin (A person having origins in any of the original peoples of North and South America, including Central America and who maintains tribal affiliation or community attachment.)*

**B. What is your sex?**  Male  Female  Non-Binary  Prefer to not disclose

### C. Veteran Status-Defined under one or more of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Served on active duty for a period of more than 180 days, and any part of which occurred between 8/05/64-5/07/75 and were discharged or released other than dishonorably; or, | <input type="checkbox"/> Served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized ( such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or, |
| <input type="checkbox"/> Was discharged or released from active duty for a service connected disability if any part of the active duty was performed between 8/05/64-5/07/75; or,                      | <input type="checkbox"/> Served on active duty in the U.S. Military, ground, naval, or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).   |
|  | <input type="checkbox"/> Non-Veteran   |

**D. Are you a Vietnam Era Vet (Served between 8/05/64-5/07-75)?**  Yes  No

### E. What is your age group?

- |   |  |
|---|--|
| 1. <input type="checkbox"/> 18 – 25 years | 1. <input type="checkbox"/> Newspaper                            |
| 2. <input type="checkbox"/> 26 – 35 years | 2. <input type="checkbox"/> Friend or Relative                   |
| 3. <input type="checkbox"/> 36 – 39 years | 3. <input type="checkbox"/> Posting at other agency/organization |
| 4. <input type="checkbox"/> 40 – 50 years | 4. <input type="checkbox"/> EDD, PITD, or CVOC referral          |
| 5. <input type="checkbox"/> 51-60 years   | 5. <input type="checkbox"/> Internet                             |
| 6. <input type="checkbox"/> Over 60 years | 6. <input type="checkbox"/> Other                                |

**G. Are you currently receiving Section 8 rental assistance through the Housing Authority?**  Yes  No

**H. Are you currently renting a Housing Authority unit?**  Yes  No

**PLEASE RETURN THIS SHEET WITH YOUR COMPLETED APPLICATION**

## LIST OF EMPLOYMENT REFERENCES

As noted in this job announcement packet, this recruitment process includes a background check of all applicants for employment with the Housing Authority. While we normally utilize the employer information contained in the “Employment Experience” section of the application, many times this information is not current or sufficient for us to make a reasonable inquiry.

As our decision regarding an applicant’s status cannot be completed without sufficient investigation, please provide the following references **in addition to** any you have listed within the “Employment Experience” section of the application. **Failure to fill out either the Employment Experience section of the application, or this form, will result in your application being declared “Incomplete.”** References listed on this form can be persons who have worked with you, in recent past or current employment situations. They should be persons for whom you can provide a current mailing address and/or phone number to enable us to contact them in a timely manner.

Prior to furnishing their personal information to the Housing Authority, you should contact your references and advise them of your intent to include them as a background resource. Both yourself and your references should understand that failure to respond to a background inquiry within a specified timeframe may compromise your ability to be considered as a finalist for the position. Information provided by your references will be maintained as *confidential* to the full extent allowed by law, and the Housing Authority may advise you regarding the results of the background disclosures.

**Please fill out the back side of this form, and return it to the Housing Authority** along with your employment application; supplemental application; applicant characteristic survey (optional), your resume, and any other pertinent documents. **Please be advised that you should only attach copies of important personal documents rather than originals, as we cannot be responsible for insuring their safe and prompt return.**

**COMPLETE OTHER SIDE OF FORM AND RETURN WITH APPLICATION**

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Please state **COMPLETE** addresses including city, state and zip code.

**Personal References:**

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] No

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name Or Relationship Status: \_\_\_\_\_

Date Employed Or Years Associated With You: \_\_\_\_\_

Is This Person Related To You By Marriage Or Birth? [   ] Yes [   ] N