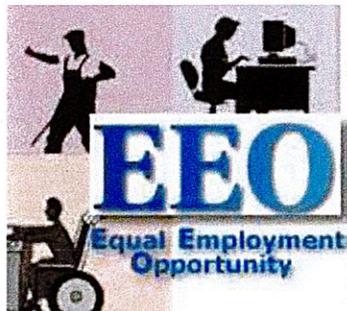


EXECUTIVE DIRECTOR

Application Package

Due: March 27, 2026



Asbury Park Housing Authority
1000 ½ Third Avenue
Asbury Park, New Jersey 07712
(732) 774-2660

APPLICATION PACKAGE

“Executive Director”

The Asbury Park Housing Authority, New Jersey is searching for a highly qualified and motivated individual, with some development experience, to serve as its Executive Director. A copy of the job description is attached to the application package detailing the duties and qualifications for this position. All interested candidates must:

- 1) Complete the attached application.
- 2) Submit a letter of interest with salary expectations.
- 3) Submit a resume.
- 4) Submit a writing sample.
- 5) Execute the criminal/credit background release form.

Applications must be submitted no later than March 27th, 2026. All application packages should be addressed as follows:

Asbury Park Housing Authority
1000 ½ Third Avenue
Asbury Park, NJ 07712
Attn: William F. Snyder-Search Committee

Applications will be vetted for completeness, and the finalists will be personally interviewed.

Please note that an applicant’s failure to submit all required information will be grounds for disqualification.

The Asbury Park Housing Authority is located in a beachfront community on the New Jersey shore in Monmouth County, New Jersey. It is part of the New York metropolitan area and manages seven properties consisting of 489 units and a Housing Choice Voucher Program of approximately 375 units. The tenant population at these facilities is comprised of family, elderly, disabled, and handicapped individuals.

Information regarding the Asbury Park Housing Authority may be obtained from its website which is located at: www.aphanj.org.

Full Name:

Relationship:

Company:

Phone: ()

Address:

Previous Employment

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

BACKGROUND CHECK

Asbury Park Housing Authority TO BE COMPLETED BY CANDIDATE

PLEASE PRINT ALL REQUESTED INFORMATION.

Name: _____

Other Names Used: _____

Current Address: _____

City/State/ZIP Code: _____

Social Security #: _____

Date of Birth* _____

The Asbury Park Housing Authority is requesting your social security number (SSN) to expedite this check. Your SSN will not be disclosed to anyone outside the Housing Authority except as mandated by law.

Driver's License # _____ State of Issue: _____

In connection with my employment at Asbury Park Housing Authority, I hereby authorize the Housing Authority to conduct a security background check on me. I understand that this security check will cover information such as criminal history, credit, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may also include information from previous employers relating to my work experience. I hereby release the Asbury Park Housing Authority and its employees and agents from all liability resulting from the furnishing of this information to Asbury Park Housing Authority. I certify that the statements made by me on this form and in the employment application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein could void my consideration for employment, or could result in disciplinary action up to, and including termination.

Signature: _____

Date: _____

With few exceptions, you are entitled (at your request) to be informed about the information Asbury Park Housing Authority collects about you. You are entitled to receive and review the information and correct information about you that is held by us and is incorrect. The collection, maintenance and distribution of this information is governed by all applicable federal and state laws.

** DOB is being requested to obtain accurate retrieval of records*

This section to be completed by Asbury Park Housing Authority

Position: Executive Director

Request Date:

Results:

Date: _____

Approved: Yes No APHA Representative: _____