

HAMPTON REDEVELOPMENT AND HOUSING AUTHORITY (HRHA)

Application for Employment

1 Franklin Street, Suite 603, P.O. Box 280, Hampton, Virginia 23669

Telephone (757) 727-6337 Facsimile (757) 727-6368

INSTRUCTIONS—Please Read Before Completing This Form. Please type or print clearly in dark ink. Resumes are welcomed but the application must be completed in full to be considered for employment with HRHA. If an item does not apply, write Not-Applicable (N/A) in the space provided. Before signing this form, carefully read the Privacy Act Notice for Employment Form on the last page.

Position Applying For:		Date:
Name: (Last)	(First)	(MI)
Address: (Number, Street, City, State, Zip Code)		
Home Telephone:	Other Telephone:	E-Mail Address:
Have you ever worked for HRHA? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If any of your family members presently work for HRHA complete the following:		
Name	Relationship to You	
If you have ever as an adult been convicted of a misdemeanor or felony other than a minor traffic violation, give details below. Include date of conviction, nature and disposition of offense. NOTE: A conviction does not necessarily prevent your employment with HRHA.		
<hr/>		
EEO Notice To All Applicants: The Hampton Redevelopment and Housing Authority is proud to be an Equal Opportunity Employer. We provide opportunities for employment without regard to race, color, national origin, sex, age, religion, familial/marital status or disability.		
Are you able to perform the essential functions of the position, for which you are applying, with or without accommodation?		
<input type="checkbox"/> I am able to perform the essential functions without accommodation.		
<input type="checkbox"/> I am requesting the following accommodation(s): _____		
<hr/>		
Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
NOTE: All new employees are required to complete a Form I-9 and provide documentation establishing their identity and eligibility to work in the United States		
Do you possess a valid Virginia Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		
NOTE: A Virginia Driver's License may be required upon employment. Driving record must be acceptable to HRHA.		
Do you have a high school diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, highest grade completed?
Name and Location (City, State & Zip Code) of College or University	Major and Type of Degree	Did You Graduate?
Other schools or training attended. Give the course name, dates attended, topics, and certificates received.		
Special qualifications and skills, office and/or construction equipment or tools you can operate.		

Employment History

Name of Employer	Dates Employed (Month and Year)	
	From:	To:
Complete Address and Telephone Number	Salary or Earnings	
	Beginning: _____	
	Ending: _____	
Position Held:		
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, number and type of employees supervised.		
Name and Title of Immediate Supervisor	Telephone Number	
Your reason for wanting to leave.		
Description of work (describe specific duties, responsibilities, and accomplishments on the job).		

Name of Employer	Dates Employed (Month and Year)	
	From:	To:
Complete Address and Telephone Number	Salary or Earnings	
	Beginning: _____	
	Ending: _____	
Position Held:		
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, number and type of employees supervised.		
Name and Title of Immediate Supervisor	Telephone Number	
Your reason for wanting to leave.		
Description of work (describe specific duties, responsibilities, and accomplishments on the job).		

Name:

Name of Employer		Dates Employed (Month and Year)	
		From:	To:
Complete Address and Telephone Number		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Your reason for wanting to leave.			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name of Employer		Dates Employed (Month and Year)	
		From:	To:
Complete Address and Telephone Number		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Your reason for wanting to leave.			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name:

Name of Employer		Dates Employed (Month and Year)	
		From:	To:
Complete Address and Telephone Number		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Your reason for wanting to leave.			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name of Employer		Dates Employed (Month and Year)	
		From:	To:
Complete Address and Telephone Number		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor		Telephone Number	
Your reason for wanting to leave.			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name:

Name of Employer		Dates Employed (Month and Year)	
		From:	To:
Complete Address and Telephone Number		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor			Telephone Number
Your reason for wanting to leave.			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Name of Employer		Dates Employed (Month and Year)	
		From:	To:
Complete Address and Telephone Number		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held:			
Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, number and type of employees supervised.			
Name and Title of Immediate Supervisor			Telephone Number
Your reason for wanting to leave.			
Description of work (describe specific duties, responsibilities, and accomplishments on the job).			

Professional References			
Please provide three professional references. (Do not list any relatives or personal friends.)			
Name	Relationship	Telephone	E-mail Address

PRIVACY ACT NOTICE FOR EMPLOYMENT FORM

NOTICE TO APPLICANTS

This information is provided pursuant to the Privacy Act of 1976 for individuals supplying information for inclusion in a system of records.

POLICY

Information furnished will be used primarily by Hampton Redevelopment and Housing Authority departments/divisions to determine qualifications for employment, eligibility for transfer, reinstatement, promotion and/or demotion. All or part of this information may be furnished as indicated below:

1. Representatives from Hampton Redevelopment and Housing Authority departments/divisions, if required to determine employment suitability.
2. Federal, state and local agencies in which you have interest as a potential employee.
3. Federal, state and local agencies to create personnel files following your employment with Hampton Redevelopment and Housing Authority.
4. Representatives of federal, state and local agencies engaged in investigating violations of the law.
5. Individuals or agencies requesting statistical data exclusive of personal identification.
6. Requesting agencies possessing your voluntary release of information and assuming confidential protection of information released.

EFFECTS OF DISCLOSURE

It is in your best interest to answer all questions. Your failure to complete the form may jeopardize your opportunity for employment.

CERTIFICATION/AGREEMENT

I have read and understand the above Privacy Act Notice for Employment Form. I hereby certify that this application is a complete record and that all entries and all attachments are true and accurate to the best of my knowledge. I understand that false or incomplete statements herein supplied are grounds for disqualification from employment. I authorize the Hampton Redevelopment and Housing Authority to conduct a thorough background investigation, except as it pertains to race, color, national origin, sex, age, familial/marital status, religion, disability, or other non-job related criteria, to be used relative to employment with Hampton Redevelopment and Housing Authority. I authorize my former employer(s), any other person(s) or organization(s) to provide any information they have about me, and I release all concerned from any liability in connection therewith. If employment is offered, I understand that I may be required to pass an examination(s), i.e., driving record check, pre-employment drug screening, etc., given at the Authority's expense and that my employment may be contingent upon successfully passing that examination.

Applicant's Signature

Date (Month/Day/Year)

Hampton Redevelopment And Housing Authority Equal Employment Opportunity (EEO) Applicant Information

Date: _____

IMPORTANT

The information requested on this sheet regarding race, color, national origin, sex, age, religion, familial/marital status or disability status is needed to analyze and assure compliance with City and Federal Equal Employment Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the request of our Equal Employment Opportunity programs.

This EEO Applicant Information Sheet will be kept CONFIDENTIAL. It will not be used in hiring, interviewing, or any other employment decision. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.

1. Position for which you are applying: _____

2. Sex: Male Female

3. Birth Date: _____

4. Racial/Ethnic Data (Please indicate with which racial/ethnic group you identify.)

White (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middles East, or the Indian Subcontinent

Black (Not of Hispanic Origin): All persons having origins in any black racial groups

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin regardless of race

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America

Other

5. Do you have a disability? Yes No

Please state reasonable accommodation required, if any, _____

6. Are you a veteran? Yes No

Hampton Redevelopment And Housing Authority Section 3 Applicant Information Sheet

This form will be used in support of Hampton Redevelopment and Housing Authority's Section 3 efforts for providing economic opportunities to low income persons, particularly persons receiving federal assistance for housing.

Providing the requested information is strictly voluntary and is also considered confidential. The information you provide will help HRHA in providing priority preference to persons that qualify under HUD regulations as Section 3 residents.

Section 3 Resident(s) – Must be residents of public housing, a low income person who lives in the area where assistance will be provided or other low income residents.

Please provide the following information only if you meet the above definition of a Section 3 resident and would like to receive preference under the federal regulation.

1. My current address is (street address, city, state, and zip)

2. The total number of individuals currently living in my household (including myself) is _____.
3. Was the annual income from all sources within my household last year the same or lower than what is listed on the following table? Yes No

Household Table							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$41,850	\$47,800	\$53,800	\$59,750	\$64,550	\$69,300	\$74,100	\$78,900

4. I understand that the information above may require verification. I agree to provide such documents verifying my status as a "Section 3 Resident" upon the request of authorized HRHA officials. I further understand that submission of the above information is voluntary and is to be used only for the purpose stated above.

Print Name

Position Applying For

Signature

Date