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INSTRUCTIONS FOR COMPLETION AND SUBMISSION OF APPLICATION

- 1) READ JOB DESCRIPTION
- 2) COMPLETE APPLICATION FORM AND SECTION 3 SELF-CERTIFICATION FORM (If you certify as a Section 3 candidate, you must be prepared to provide documentation as listed on the form)

PRINT INFORMATION IN INK

- 3) HAND DELIVER TO: Reception Desk, Athens Housing Authority, 300 S. Rocksprings Street, Athens, Georgia, or
- 4) EMAIL TO: jobs@athenshousing.org

" APPLICANT'S ACKNOWLEDGEMENT" (LAST PAGE OF APPLICATION) MUST BE SIGNED AND DATED IN THE PRESENCE OF A DESIGNATED AHA EMPLOYEE. (If emailing the application, this will be done prior to an interview)

IF YOU ARE SELECTED FOR AN INTERVIEW, YOU WILL BE CONTACTED. PLEASE....NO PHONE INQUIRIES.

The Athens Housing Authority



Athens Housing Authority
Application for Employment
Please **PRINT** throughout application



Position Desired: _____

Date: _____

Name: _____ (last) _____ (first) _____ (middle)
Please list any other name which we should be aware of to adequately check former employment or educational history

Social Security #: _____ - _____ - _____ **Are you 18 years of age or older?** Yes No

(list all former addresses for the past five years)

Present home address: _____ **Apt. or Space #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Years There?** _____

Former home address: _____ **Apt. or Space #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Years There?** _____

(attach additional listings if necessary)

Home phone #: _____ - _____ **Work #:** _____ - _____

Alternate #: _____ - _____ **What is this number?** _____

Are you legally authorized to accept employment in this country? _____ Yes _____ No
(Proof of citizenship or immigration status is required upon employment)

Have you ever work for the Athens Housing Authority before? _____ Yes _____ No
(If Yes fill out below.)

Dates: _____ **From** _____ **To** _____ **Position:** _____

Do you know or have any relationship with any current employee of the Athens Housing Authority?
(Example: spouse, relative by marriage, blood relation, significant other, ex-spouse, in-law, friend, etc.)

_____ Yes _____ No
(If Yes provide the names of all employees and their relationship to you below).

Do you have adequate means of transportation to get to work each day and when called in on short notice? _____ Yes _____ No

Have you ever plead guilty or "no contest" to a crime or have you ever been convicted of a crime other than minor traffic offenses?

_____ No _____ Yes *(If Yes give details of each incident below).*

Date	Location	Offense	Disposition

(Answering "YES" to this question will not automatically prohibit you from employment. The nature of the offense, the elapsed time since the offense was committed, and the time served will all be considered in relation to the position for which you are applying).

Have you read the Job Description of the position for which you are applying? _____ Yes _____ No

Do you know of any reason why you would not be able to perform any of the functions of the job you are seeking? _____ Yes _____ No

(If you answered Yes please describe those functions you are unable to perform).

If you are unable to perform any functions of this position, then are you aware of any accommodation that would allow you to perform these functions?

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Home Phone Number: _____ - _____

Alternate Number: _____ - _____ What is this #: _____

Employment History

Please list the names of your current and previous employers for the last ten years, including summer and part-time jobs, in chronological order with your current or most recent job first. Account for all periods of time. Include military service and periods of unemployment. If self-employed list your firm's name and supply business references.

Present or Last Employer: _____
Employer's Address: _____ City: _____
State: _____ Zip Code: _____ Phone #: _____ - _____
Your Position: _____ Supervisor's Name: _____
Employed From: _____ Month _____ Year To: _____ Month _____ Year
Reason for Leaving: _____

Previous Employer: _____
Employer's Address: _____ City: _____
State: _____ Zip Code: _____ Phone #: _____ - _____
Your Position: _____ Supervisor's Name: _____
Employed From: _____ Month _____ Year To: _____ Month _____ Year
Reason for Leaving: _____

Previous Employer: _____
Employer's Address: _____ City: _____
State: _____ Zip Code: _____ Phone #: _____ - _____
Your Position: _____ Supervisor's Name: _____
Employed From: _____ Month _____ Year To: _____ Month _____ Year
Reason for Leaving: _____

Previous Employer: _____
Employer's Address: _____ City: _____
State: _____ Zip Code: _____ Phone #: _____ - _____
Your Position: _____ Supervisor's Name: _____
Employed From: _____ Month _____ Year To: _____ Month _____ Year
Reason for Leaving: _____

Previous Employer: _____

Employer's Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____ - _____

Your Position: _____ Supervisor's Name: _____

Employed From: _____ Month _____ Year To: _____ Month _____ Year

Reason for Leaving: _____

Previous Employer: _____

Employer's Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____ - _____

Your Position: _____ Supervisor's Name: _____

Employed From: _____ Month _____ Year To: _____ Month _____ Year

Reason for Leaving: _____

Previous Employer: _____

Employer's Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____ - _____

Your Position: _____ Supervisor's Name: _____

Employed From: _____ Month _____ Year To: _____ Month _____ Year

Reason for Leaving: _____

(Attach additional sheets if necessary)

Have you ever been terminated or asked to resign from any job? _____ No _____ Yes
(If answering Yes then please explain).

Please explain any gaps in employment: _____

May we contact the employers listed? _____ Yes _____ No *If answering No please list those employers you don't want us to contact.*

Please describe any previous experience that you have in the position for which you are applying or any similar or related experience that might qualify you for this position. Please do not substitute a resume' as a replacement for the information requested below. Attach your resume' or any additional documentation you may have to the end of this application.

Education

Names and address of school, college, or institute.	Highest grade completed.	Course-work or major	Dates from / to.	Graduated Yes or No
Elementary: _____			From: _____	
_____			To: _____	
High School: _____			From: _____	
_____			To: _____	
College: _____			From: _____	
_____			To: _____	
Trade: _____			From: _____	
_____			To: _____	
Other: _____			From: _____	
_____			To: _____	

Have you served in the Armed Forces? ___ Yes ___ No Years served: _____

What branch? _____ **From:** _____ **To:** _____

Rank at Discharge? _____ **Type of Discharge?** _____

Military Occupational Speciality, (M.O.S.) _____

Specialized Training: _____

Please list three people for references, not previous employers or relatives.

1.	Complete Name	Address including city, state, zip code	Phone Number	Years Known
2.	Complete Name	Address including city, state, zip code	Phone Number	Years Known
3.	Complete Name	Address including city, state, zip code	Phone Number	Years Known

Driving Information

Do you have a current and valid Georgia Driver's License? Yes No
(If you answered No please explain why you do not have a license).

Driver's license number: _____ State: _____ Expires: _____
 mo. yr.

Has your driver's license ever been suspended or revoked? No Yes
(If you answered Yes please explain the reason for the suspension or revocation).

Do you have personal vehicle insurance? Yes No Expires: _____
 mo. yr.

Name and address of your vehicle insurance company. _____

Have you ever had your vehicle insurance cancelled? Yes No
(If you answered Yes explain the reason for the cancellation).

Have you ever been cited for operating a vehicle while under the influence of alcohol or drugs?
 No Yes *(If answering Yes explain).* _____

Declarations and Acknowledgements

Applicant's Statement

I understand that if I am hired my employment will be for no definite period, regardless of the payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice and the Athens Housing Authority has the same right. No one other than the Executive Director of the Housing Authority has the authority to modify this relationship or make any agreement to the contrary. Any such modification must be in writing.

I understand that the Authority reserves the right to require me to submit to a drug test, an alcohol test, and a medical examination to the extent permitted by law. I further understand that the Authority may inspect all lockers and any bags, (including handbags, briefcases), or parcels brought onto or taken off Authority property, and that my refusal to submit to a urinalysis, blood test or other search, when requested to do so, may result in the termination of my employment.

I understand that the Authority may investigate my driving record, my criminal record, and my credit history. I further understand that if my record does not meet the Athens Housing Authority standards, I may not be eligible for employment with the Athens Housing Authority.

I further understand that the Authority may contact my previous employers and I authorize those employers to disclose to the Authority all records and any other information pertinent to my employment with them. I also authorize the Authority to provide truthful information concerning my employment with it to my future prospective employers and agree to hold it harmless for providing such information.

I have read and understand the Job Description of the position that I am applying for and further declare that I possess sufficient skills and abilities to meet or exceed the specific requirements for this position. I understand that the Authority reserves the right to decline consideration of employment for any applicant who has been found to have misrepresented or exaggerated their competency or skill level when applying for employment.

I certify that all of the information I have provided on this application and in any interview will be true and accurate. I further understand that if I am employed and any such information is found to be false or misleading in any respect, I may be terminated.

Do not sign this statement until you have read and understand the contents and your signature can be witnessed by a Housing Authority employee.

Signature of Applicant: _____

Date: _____

AHA Witness: _____

Date: _____



SECTION 3 PREFERENCE

Under **Section 3** of the HUD Act of 1968, wherever HUD financial assistance is expended for housing or community development, to the greatest extent feasible, economic opportunities will be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns, which provide economic opportunities to low- and very low-income persons.

Who are Section 3 residents?

Section 3 residents are:

- **Public housing residents**
- Low and very-low income persons who live in the metropolitan area or non-metropolitan county where a HUD-assisted project for housing or community development is located. Low income is defined as 80% or below the median income of that area. Very low income is defined as 50% or below the median income of that area.

How Do I Apply for employment with the Athens Housing Authority?

The Athens Housing Authority advertises for open positions by posting job opportunities in the lobby of the AHA and in the employment ads of the Athens Banner Herald. Applications for employment are **only** accepted when open positions are available and at no other times. Applications may be obtained at our main office Reception Desk. **Complete the employment application, along with the Section 3 Self-Certification Form below. Then return the entire, completed application package as directed.**

ALL residents of Athens Housing Authority qualify as Section 3 residents. Additionally, individuals residing in the City of Athens, Georgia who meet the income limits set forth below can also qualify for Section 3 status.

A picture identification card and proof of current residency is required.

ELIGIBILITY GUIDELINE		
NUMBER IN HOUSEHOLD	VERY LOW INCOME	LOW INCOME
1	\$21,000	\$33,600
2	\$24,000	\$38,400
3	\$27,000	\$43,200
4	\$30,000	\$48,000
5	\$32,400	\$51,850
6	\$34,800	\$55,700
7	\$37,200	\$59,550
8	\$39,600	\$63,400

SECTION 3 SELF-CERTIFICATION FORM

Certification for Public Housing Residents or other Section 3 Residents of Athens, Georgia

I, _____, am legal resident of the United States and meet the income eligibility and federal guidelines for a Section 3 Person or Business.

My home/business address is:

MUST be a <u>street</u> address		
Apartment Number	Community Name	
City	State	Zip
Home/Office #	Cell #	

I am certifying as a Section 3 Person seeking employment

(Check all that apply):

- I am a public housing or section 8 Lease holder I live in public housing but not on the lease
- I live in the area of public housing

I certify that all of the information given above is true and correct. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment or contract that resulted from this certification.

Signature _____ **Date:** _____

In order to demonstrate that you meet the definition of a low-or very low-income person, please provide one of the following with your certification:

1. Proof of residency in a public housing development; (this can be a copy of any current dated bill or other legal document showing your address)
2. A copy of your section 8 voucher certificate or voucher;
3. Evidence of your eligibility or participation in a federally-assisted program for low- and very low-income persons (e.g. Jobs, JTPA, Job Corps, etc);
4. Evidence of your eligibility or participation in a State or Local Assistance Program for low- or very low-income persons or receipt of AFDC;
5. Income tax records.