





<b>11d</b> Position	Name, title and phone number of immediate supervisor
Employer (company or organization)	Address of Employer
Dates of Employment (information must be completed) From _____ To _____ Mo.    Yr.        Mo. Yr. Last salary _____ per _____  Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:

<b>11e</b> Position	Name, title and phone number of immediate supervisor
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**12** Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.?     Yes  No  
(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)

**13a** Do you have a valid driver's license?     Yes  No  
 License Number \_\_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_\_

**13b** Do you authorize the Authority to check your driving record, both now and on a periodic random basis during employment, for repeated or significant traffic violations?     Yes  No

**14** Typing speed \_\_\_\_\_  
 Word Processing skills?     Yes  No

**15** Are any of your family members currently working for the Authority?     Yes  No  
 If yes, please list the person(s) name.

wife/husband \_\_\_\_\_ son/daughter \_\_\_\_\_  
 parent \_\_\_\_\_ grandparent \_\_\_\_\_  
 sister \_\_\_\_\_ brother \_\_\_\_\_

**16** Are you willing to work:    Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Temporary \_\_\_\_\_ Substitute \_\_\_\_\_ Regular \_\_\_\_\_

**17** Please describe special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional license or certificate, skills in the operation of machines/equipment, technical skills, volunteer work, military experience, professional development activities, or other special training.)

**18 Professional Work References** List three professional references who have knowledge of your qualifications.

Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail
Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail
Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail

**19 Section 3 Qualifications. Check all that apply.**

I am a public housing resident or Section 8 lease holder.  Yes  No

I am a resident of the City or the Metropolitan Area.  Yes  No  
(The Charlottesville Metropolitan area includes Albemarle County, VA; Greene County, VA; Fluvanna County, VA; and Nelson County, VA)

I meet the annual household income guidelines for a low or very low income person as listed in the chart below:  Yes  No

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Low (up to or below)	\$46,100	\$52,650	\$59,250	\$65,800	\$71,100	\$76,350	\$81,600	\$86,900
Very Low (up to or below)	\$29,450	\$33,360	\$37,850	\$42,050	\$45,450	\$48,800	\$52,150	\$55,550

**20 PRE-EMPLOYMENT STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I understand and agree that:

- The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from The Charlottesville Redevelopment and Housing Authority's employ.
- Any offer of employment I may receive from The Charlottesville Redevelopment and Housing Authority is contingent upon my successful completion of the agency's total pre-employment screening process, including the agency's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the agency may require. I also agree, if employed, to submit to a medical examination at any time at the agency's request.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the agency and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself.

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

\_\_\_\_\_  
Date

**AUTHORIZATION FOR REFERENCE and CRIMINAL BACKGROUND CHECK**

INFORMATION TO BE SEARCHED:				
<b>NAME</b>	First		Last	Middle Initial/Maiden
	Race	Sex	Date of Birth	Social Security Number
<b>MAILING ADDRESS</b>	P.O. Box/Street		<b>PHYSICAL</b>	Street
	City/Town			City/Town
	State/Zip			State/Zip
<b>E-MAIL</b>				
<b>TELEPHONE NUMBERS</b>	Home		Work	Other
	Driver's License/ID Number		Expiration Date	
<b>ID INFORMATION</b>				

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AFFIDAVIT FOR RELEASE OF INFORMATION:** For the purpose of consideration, I hereby authorize CRHA and/or their appointed designee to obtain and/or receive any record pertaining to me which may be in any state within these United States or in any other country. The intent of this authorization is to give my consent for full and complete disclosure of records/information and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed. Further, for the purpose of consideration of this request, I authorize CRHA to speak and obtain information from any parties with knowledge of me or circumstance(s) related to me.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

**TO BE COMPLETED BY NOTARY PUBLIC:**

State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

**Original – CRHA Staff File  
Copy – Law Enforcement Agency  
Copy- Department of Motor Vehicles  
Copy- Credit Review Agency**

**CHARLOTTESVILLE REDEVELOPMENT & HOUSING AUTHORITY  
APPLICATION AFFIRMATIVE ACTION DATA FORM**

The Charlottesville Redevelopment & Housing Authority has an Affirmative Action program to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. The completion of this form is voluntary; neither its completion nor refusal to complete it will subject you to any adverse treatment. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way. Thank you.

<b>1</b> Application for position of (please list only one position per application):  	<b>2</b> Social Security Number _____ / _____ / _____		
<b>3</b> Name  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </div>	<b>4</b> Date of Birth ____/____/____ Month/Day/Year		
<b>5</b> Ethnic Origin (Note: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows: (Please check which items apply):  <input type="checkbox"/> <b>(a) White</b> (Not of Hispanic origin)      All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East <input type="checkbox"/> <b>(b) Black</b> (Not of Hispanic origin)      All persons having origins in any of the black racial groups of Africa <input type="checkbox"/> <b>(c) Hispanic</b> All persons of Mexican, Puerto Rican, Cuban, or South Spanish culture or origin, regardless of race. <input type="checkbox"/> <b>(d) Asian or Pacific Islander</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. <input type="checkbox"/> <b>(e) American Indian or Alaskan Native</b> All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.	<b>6</b> Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>7</b> (a) Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No   (b) If yes, check <input type="checkbox"/> Vietnam Era, 1962- 1975, <input type="checkbox"/> Other <input type="checkbox"/> Disabled			
<b>8</b> How did you learn about the job for which you are applying? (please check which items apply)  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           _____ Newspaper (name) _____            _____ Job Bulletin (where posted ) _____            _____ Magazine/Journal (name) _____            _____ City's Jobs Board on the Internet            _____ Other Web Site (specify) _____         </td> <td style="width: 50%; border: none;">           _____ Walk in (where) _____            _____ College/University/School (name) _____            _____ Other (specify) _____            _____ City's Job Hotline _____         </td> </tr> </table>		_____ Newspaper (name) _____ _____ Job Bulletin (where posted ) _____ _____ Magazine/Journal (name) _____ _____ City's Jobs Board on the Internet _____ Other Web Site (specify) _____	_____ Walk in (where) _____ _____ College/University/School (name) _____ _____ Other (specify) _____ _____ City's Job Hotline _____
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The CRHA does not discriminate in employment because of race, color, religion, sex, age, national origin, political affiliation, disability, or any other non-job related factor.