

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition, genetic or family medical history information as defined by GINA, handicap, or disability, or any other prohibited forms of discrimination.

An Equal Opportunity Employer M / F / D / V

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_
First M.I. Last

Address: \_\_\_\_\_
Street Address City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ Do you have a Valid Driver's License: YES NO

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you a citizen of the United States? YES NO If no, are you legally authorized to work in the United States.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Do you hold or ever held Public Office? YES NO (18 & under) Can you furnish a work permit? YES NO

List any friends or relatives currently working for SCCHA and your relationship to them.

Education

High School: \_\_\_\_\_ City/ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

List other job-related Training, Skills, Licenses, and/or Certificates that may assist you in performing the position for which you are applying for:

\_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency  
 Other \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Have you ever served in the U.S. armed forces?  Yes  No. If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

List any education, experience, or special training you received in the military that relates to this position:

\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Why should we hire you for this position?**

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract for employment.

I understand that drug testing is required prior to employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that in the event of employment, the first six (6) months of service to St. Clair County Housing Authority is under evaluation status.

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

**Authorization and Release Form**

In connection with my application for employment, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that you may be requesting information from public and private sources about my driving record, criminal record, education, and military records. I voluntarily and knowingly authorize St. Clair County Housing Authority to verify any aspect of the information contained in my employment application or through public and private sources.

I voluntarily and knowingly authorize my former employers to release all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not limited to, performance evaluation reports, job descriptions, disciplinary reports and reprimands.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify, and hold harmless you, your agents and any former employer, persons, firm, corporation, school, or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or cost, including attorney's fee, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you or your agents.

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

**(OPTIONAL)**  
**St. Clair County Housing Authority**  
**1790 S. 74<sup>th</sup> Street**  
**Belleville, Illinois 62223**

**Section 3 Resident Certification Form 2024**

A section 3 resident seeking the preference in training and employment as defined in the section 3 regulations at 24 CFR Part 75 **shall certify to the recipient**, contractor or subcontractor, and submit evidence showing they meet the criteria of a Section 3 resident. Proof of income, receipt of public assistance and/or residency in a United States Department of Housing and Urban Development (HUD) or other federally assisted housing program or residency within a Section 3 covered area is required. All residents of Public Housing developments or participants in the Section 8 Housing Choice Voucher Program of the St. Clair County Housing Authority qualify as Section 3 residents.

**1. Resident Information**

Name:

\_\_\_\_\_

First Name	Last Name	Middle initial
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Address:

\_\_\_\_\_

Street	City	Zip Code
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Check one: \_\_\_\_\_ Male      \_\_\_\_\_ Female      Primary Phone Number: \_\_\_\_\_

**Section 3 worker means (24 CFR 75.5):**

Any worker who currently fits or when hired within the past five years (time period only goes back to the 24 CFR 75 effective date of 11-30-2020) fit at least one of the following categories, as documented:

1. The worker's income for the previous or annualized calendar year is below the income limit established by HUD.
  - a. The worker is employed by a Section 3 business concern.
  - b. The worker is a Youth Build participant.
2. The status of a Section 3 worker shall not be negatively affected by a prior arrest or conviction.
3. Nothing in this part shall be construed to require the employment of someone who meets this definition of a Section 3 worker. Section 3 workers are not exempt from meeting the qualifications of the position to be filled.

**Targeted Section 3 worker means [24CFR 75.21(a)]:**

A Targeted Section 3 worker for housing and community development financial assistance means a Section 3 worker who is:

1. A worker employed by a Section 3 business concern: or
  
2. A worker who currently fits or when hired five years (time period only goes back to the 24 CFR 75 effective date of 11-30-2020) fit at least one of the following categories, as documented within the past five years:
  - a. Living within the service area or the neighborhood of the project, as defined in § 75.5; or
  - b. A Youth Build participant.

**2. Proof of Section 3 Status**

I have attached one of the following documents as proof of my status:

- A. Proof of residency in Public Housing or other federally-assisted housing development or participation in the Section 8 HCVP (tier 1) OR proof of residency in a Section 3 area (tier 2).
- B. Proof of participation in a HUD YouthBuild Program. (Certification of Participation)
- C. Proof of Section 3 Income Status. Proof of Public Assistance, Temporary Assistance to Needy Families, Proof of participation in a Federal, State or local assistance program or other program that assists low Income Persons. (Certificate of participation, SSI, unemployment benefits, other benefits)

**Income Limits:**

Check only one line below that describes your housing situation:	My individual Income does not exceed:
<input type="checkbox"/> I am a Public Housing Resident or Section 8 Assists me with my rent	\$36,150
<input type="checkbox"/> I receive No HUD support, but I am low-income and live in the area	

**3. Proof of Section 3 Income Status**

Only complete this portion if you are unable to provide any documents listed above in section 2. Your individual income should include all earned and non-earned income. (e.g. TANF, SSI) If you are currently employed or were employed during the last year, please attach a copy of your:

- A. Most recent Federal Income Tax Return/W2.
- B. Last two pay stubs

**4. Type of Work Desired / Qualified to Perform** (Check as applicable)

General Office / Clerical     Janitorial / grounds     Professional (Specify: \_\_\_\_\_)  
 Trade Work ( Electrical     Plumbing     HV/AC     Carpentry     Other (Specify \_\_\_\_\_))

Have you attached a full SCCHA Application for Employment?     Yes     No

*Note: Completed applications will be held on file for any suitable position that may become available at St. Clair County Housing Authority for six months. Please also know that we will forward a copy of your application to any contractor that is selected to perform work at our developments of over the next six months.*

*Should the period of six months expire and you wish to renew your application for Section 3 Certified Employment, please notify us in writing at SCCHA, 1790 South 74<sup>th</sup> St., Belleville, IL 62223 or e-mail your renewal notification to [sccha@sccha.org](mailto:sccha@sccha.org). It is also important to update your contact information, or other pertinent information should there be a change in the information provided.*

**5. Certification:** I certify that, to the best of my knowledge, the information I provided is true and correct.

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Receipt Acknowledgement:** \_\_\_\_\_    **Date:** \_\_\_\_\_