

APPLICATION FOR EMPLOYMENT

St. Clair County Housing Authority

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

(Please Print)

Date of Application _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone _____

Position(s) Applied For: _____

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

If employed and you are under 18, can you furnish a work permit? Yes No

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

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment.)

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verify your identity. Further, you will be required to provide documentation to that effect should you be employed.

On what date would you be available for work? _____

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

Are you on a lay-off subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you now hold or have you ever held a Public Office? Yes No

If Yes, please explain: _____

Do you have a valid Driver's License? Yes No

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Military Service Record

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:

Education

Circle Years of Education Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

High School _____

College or Vocational School _____
(Name) (Degree) (Grade Average) (Major Subjects)

College or Vocational School _____
(Name) (Degree) (Grade Average) (Major Subjects)

Other Job Related Training, Skills, Licenses and/or Certificates that may assist you in performing the position for which you are applying: _____

Honors Received: _____

List professional trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, gender, national origin or disability):

Give name, address and telephone number of three references who are not related to you and are not previous employers. _____

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Employment Experience

Enter last three employers, excluding military service. Give present or most recent position first.

Employer _____ Address _____

Phone # _____ Immediate Supervisor: _____

Employer's Business _____ Employed from _____ to _____
Name Title

Wage: \$ _____ \$ _____ /per _____ Job Title _____
Beginning Wage Ending Wage

Describe your Duties: _____

Reason for Leaving: _____

Employer _____ Address _____

Phone # _____ Immediate Supervisor: _____

Employer's Business _____ Employed from _____ to _____
Name Title

Wage: \$ _____ \$ _____ /per _____ Job Title _____
Beginning Wage Ending Wage

Describe your Duties: _____

Reason for Leaving: _____

Employer _____ Address _____

Phone # _____ Immediate Supervisor: _____

Employer's Business _____ Employed from _____ to _____
Name Title

Wage: \$ _____ \$ _____ /per _____ Job Title _____
Beginning Wage Ending Wage

Describe your Duties: _____

Reason for Leaving: _____

Other Work History Showing Qualifications 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.

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Signature of Applicant

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 any and 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. 74th Street
Belleville, Illinois 62223

Section 3 Resident Certification Form 2018

A section 3 resident seeking the preference in training and employment as defined in the section 3 regulations at 24 CFR Part 135 **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: _____

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)

3. Proof of Section 3 Income Status

Only complete this portion if you are unable to provide any documents listed above in section 2. My income is within the range that I circled below. Please circle your household size and circle your household income range. Your household 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.

Continued on Reverse

NUMBER OF PERSONS IN HOUSEHOLD								
	1	2	3	4	5	6	7	8
Very Low Income 50%	\$0-\$26,900	\$0-\$30,750	\$0-\$34,600	\$0-\$38,400	\$0-\$41,500	\$0-\$44,550	\$0-\$47,650	\$0-\$50,700
Low Income (80%)	\$26,901-\$43,050	\$30,751-\$49,200	\$34,601-\$55,350	\$38,401-\$61,450	\$41,501-\$66,400	\$44,551-\$71,300	\$47,651-\$76,200	\$50,701-\$81,150

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 74th St., Belleville, IL 62223 or e-mail your renewal notification to 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:** _____