



Application #: _____

SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY

530 East Pinner Street, Suffolk, Virginia 23434

Phone: 757-539-2100 Fax: 757-539-5184

E-Mail: srha@suffolkrrha.org

AN EQUAL OPPORTUNITY EMPLOYER

Due to Immigration and Control Act that was signed into laws on November 6, 1986, it is the Authority's intention to hire only individuals who are United States Citizens or Aliens authorized to work in the United States.

Position Applied For: _____ Date Available: _____ Salary Desired: \$ _____

Name: _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address: _____
 (NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

Social Security #: _____/_____/_____ E-Mail Address: _____

Home Telephone #: (_____) _____ Cell Telephone #: (_____) _____

If under 18 years of age, Date of Birth: _____ 19 _____

Do you have the legal right to work in the United States? YES NO

Do you have any relatives presently working for the Authority? YES NO

If yes, whom? _____ Relationship: _____

Do you have any relatives on the Board of Commissioners? YES NO

If yes, whom? _____ Relationship: _____

Have you ever been employed by Suffolk Redevelopment and Housing Authority? YES NO

If so, when? From: _____ To: _____ Position: _____

All positions require a valid drivers license and eligibility for coverage under the Authority's automobile insurance:

Do you have a valid driver's license? YES NO

Have you received any traffic violations in the past 2 years? YES NO

If yes, please explain: _____

Have you ever been in the Armed Services? YES NO

If yes, Branch of Service: _____ Discharge Date: _____

Have you ever been convicted of a felony or a misdemeanor, except a minor traffic violation in the past 7 years?
 (Note: A conviction will not necessarily disqualify applicant from employment.) YES NO

If yes, explain: _____

Have you ever been discharged or forced to resign from a position? YES NO

If yes, explain: _____

EDUCATION

High School:	
Address:	
College:	College:
Address:	Address:
Type of Degree:	Type of Degree:
Date of Graduation:	Date of Graduation:
Special Courses: (Please include School Name, Types of Courses, Credits. Use additional paper if more space is needed.)	
Certifications: (Use additional paper if more space is needed.)	

WORK HISTORY
Begin with most current/recent employer and/or military service.

Company Name:		Address:	
Job Title:	Dates of Employment:	Phone:	Ending Salary:
	From: To:		\$
Job Duties:			
Name /Title of Supervisor:		Reason for leaving:	

Company Name:		Address:	
Job Title:	Dates of Employment:	Phone:	Ending Salary:
	From: To:		\$
Job Duties:			
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Company Name:		Address:	
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Job Duties:			
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Company Name:		Address:	
Job Title:	Dates of Employment:	Phone:	Ending Salary:
	From: To:		\$
Job Duties:			

Name /Title of Supervisor: _____	Reason for leaving: _____
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State reason and length of inactivity between employers: _____

May we contact your present employer for a work reference? YES NO

To assist us in verifying your prior employment, have you ever worked under another name? YES NO

If yes, list name: _____

PROVIDE NAME AND CONTACT INFORMATION FOR THREE (3) PROFESSIONAL REFERENCES OTHER THAN PAST EMPLOYERS.

REFERENCES

	NAME	ADDRESS	PHONE
1			
2			
3			

I hereby affirm that the information given in this application is true and accurate to the best of my knowledge and belief. I understand that any false statement contained herein will disqualify me for employment consideration with the Suffolk Redevelopment and Housing Authority.

I hereby authorize all my previous employers and persons listed as personal references to furnish any information concerning my personal character, work habits or employment record, and I release all such persons from liability for damages incurred as a result of furnishing such information.

Suffolk Redevelopment and Housing Authority is an equal opportunity employer. Our policy is to consider all applicants for employment based on their qualifications and our current job vacancies. Applicants are considered without regard to race, color, religion, national origin, age or disability.

Applicant's Signature
Date



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AUTHORIZATION TO RELEASE PERSONNEL INFORMATION

I am seeking employment with Suffolk Redevelopment and Housing Authority and hereby authorize my past and present employers and past and present educational institutions to release information regarding my employment or educational transcript record with same.

Further, I understand that my past and present employers and past and present educational institutions are not responsible in any way for the uses made of this information by Suffolk Redevelopment and Housing Authority.

I hereby also release from liability the Suffolk Redevelopment and Housing Authority and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Should I be hired prior to the Suffolk Redevelopment and Housing Authority's completion of verification of employment work history, performance on the job, or education, any unsatisfactory reports, false information or omissions given by me may be considered grounds for my dismissal.

I also agree that a photocopy of this Agreement shall be as valid as the original.

Signature of Applicant

Date

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(FOR STATISTICAL PURPOSES ONLY)

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will not be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, national origin, religion, or disability.

CHECK THE BLOCK FOR THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED:**(CHECK ONE ONLY)**

- | | |
|--|---|
| <input type="checkbox"/> Less than 8 th grade | <input type="checkbox"/> Completed 8 th grade |
| <input type="checkbox"/> Attended High School | <input type="checkbox"/> High School Graduate or Equivalent |
| <input type="checkbox"/> Attended College | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Attended Graduate School | <input type="checkbox"/> PhD or Professional Degree |
| <input type="checkbox"/> Graduate Studies Beyond Master's Requirements | |

CHECK FOR THE BLOCK FOR THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY:

- White (Includes Arabian)
- Black (Includes Jamaican, Bahamians, and other Caribbean of African but not Hispanic or Arabian Descent)
- Hispanic (Includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian and Asian American (Includes Pakistanis Indians and Pacific Islanders)
- American Indians (Includes Alaskans)

CHECK THE APPROPRIATE BLOCK: FEMALE MALE

PLEASE INDICATE YOUR DATE OF BIRTH:

MONTH

DAY

YEAR

POSITION APPLIED FOR: _____