

# Application #:

# SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY

530 East Pinner Street, Suffolk, Virginia 23434 Phone: 757-539-2100 Fax: 757-539-5184

E-Mail: srha@suffolkrha.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 A	Available:	Salary Desire	ed: \$	
ame:			(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?  If yes, whom? Relationship:		☐ YES	□NO	
Do you have any relatives on the Board of Commissioners?	<del></del>	☐ YES	□NO	
If yes, whom?Relationship:		_	_	
Have you ever been employed by Suffolk Redevelopment and H	ousing Authority?	☐ YES	□NO	
If so, when? From: To:	Position:			
All positions require a valid drivers license and eligibility for	coverage under the Autl	nority's automobi	le insurance:	
Do you have a valid driver's license?	Ţ.	☐ 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 Dat	e:		
Have you ever been convicted of a felony or a misdemeanor, exe (Note: A conviction will not necessarily disqualify applicant from If yes, explain:	employment.)	tion in the past 7	7 years? □ NO 	
Have you ever been discharged or forced to resign from a position of the second of the		☐ YES	□NO	

	Sta	ate reason and length of ir	nactivity between employers:		
		av we contact vour presen	t employer for a work reference?	☐ YES	
		May we contact your present employer for a work reference?  To assist us in verifying your prior employment, have you ever worked under another name?		☐ YES	□NO
	If yes, list name:				
	Gi	ve the name of three (3)	reliable persons, other than past employer or relatives, who c	an furnish info	mation to
		ur ability and character.  NAME		PHO	
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	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				
		uthority.	proymone consideration with the current recustor	spinone and	. rouding
	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.				
	A	oplicant's Signature	 Date		

FOR OFFICE USE ONLY	
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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 EDI (CHECK ONE ONL			
Less than 8 <sup>th</sup> grade	Completed 8 <sup>th</sup> grade		
☐ Attended High School	☐ High School Graduate or Equivalent		
☐ Attended College	Associate's Degree		
☐ Bachelor's Degree	☐ Master's Degree		
☐ Attended Graduate School	☐ PhD or Professional Degree		
☐ Graduate Studies Beyond Master's Requirements			
CHECK FOR THE BLOCK FOR THE RACIAL OR ETHNIC	GROUP WITH WHICH YOU IDENTIFY:		
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:			

Annl	ication	#:
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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.

Signature of Applicant	 Date	

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