

APPLICATION FOR EMPLOYMENT

Applicant

Position

WACO HOUSING AUTHORITY & AFFILIATES

REVISED 08/16

EMPLOYMENT

Company Name	Telephone # ()
Address	Employed- (State, month and year) From: _____ To: _____
Name of Supervisor	Weekly pay Start: _____ Last: _____
State job title and describe your work	Reason for Leaving

Company Name	Telephone # ()
Address	Employed - (State month and year) From: _____ To: _____
Name of Supervisor	Weekly Pay Start: _____ Last: _____
State job title and describe your work	Reason for Leaving

Company Name	Telephone # ()
Address	Employed - (State month and year) From: _____ To: _____
Name of Supervisor	Weekly Pay Start: _____ Last: _____
State job title and describe your work	Reason for Leaving

Company Name	Telephone # ()
Address	Employed - (State month and year) From: _____ To: _____
Name of Supervisor	Weekly Pay Start: _____ Last: _____
State job title and describe your work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

_____ yes _____ no _____
Signature of applicant

DO NOT CONTACT
Employer number(s) _____

Reason _____

MILITARY Did you serve in the U.S. Armed Forces? _____ Yes _____ No
If yes, what branch? _____
Describe any training received relevant to the position for which you are applying.

DRUG AND ALCOHOL POLICY CONSENT FORM

I understand that Waco Housing Authority (the "Authority") requires applicants for employment to undergo the testing, which is performed by urinalysis but may include blood tests or other tests. I also understand a laboratory selected by the Authority will perform the testing and will provide the results to the Authority. I hereby, fully, and freely consent to having such test(s) performed and to having the results provided to the Authority, its employees, agents and related agencies or companies. If employed, I further consent to such testing during my employment by the authority.

I further understand that the Authority's Drug and Alcohol Policy prohibits the manufacture of, sale of, possession of, use of or being under the influence of illegal drugs, controlled substances or alcohol while at work.

I further understand that failure to submit to the testing, or testing positive for alcohol, illegal drugs, controlled substances, will disqualify me from continued employment.

DATE: _____

NAME: _____

SIGNATURE: _____

This form must be completed before the employment application can be processed.

(A copy of this form should be attached to all application forms. Additional consents are necessary when testing is performed.)

LIST THREE REFERENCES (Not related to you) OTHER THAN SUPERVISORS LISTED IN YOUR RECORD.

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

DO YOU HAVE ANY RELATIVES (PERSONS RELATED TO YOU EITHER BY BLOOD OR BY MARRIAGE) WHO ARE NOW AN EMPLOYEE OF THE WACO HOUSING AUTHORITY?

_____ YES OR NO _____

IF "YES" LIST THEIR NAMES AND WHAT DEPARTMENT THEY ARE WORKING IN:

CAN YOU DRIVE AN AUTOMOBILE? _____

DRIVER LICENSE NUMBER _____ STATE _____ TYPE _____

IF POSITION APPLIED FOR REQUIRES DRIVING A HOUSING AUTHORITY VEHICLE, YOU ARE AUTHORIZED TO CHECK MY DRIVING RECORD WITH THE DEPARTMENT OF PUBLIC SAFETY. I ALSO UNDERSTAND THAT MY DRIVING RECORD MAY BE A DETERMINING FACTOR IN MY EMPLOYMENT.

X _____

Has your Driver's License ever been suspended or revoked for any reason within the past three (3) years?

Describe _____

Have you ever been placed on probation as a result of your driving record within the past three (3) years?

Have you ever been convicted of a violation of any law other than a minor traffic violation, within the past three (3) years? If so, describe and explain below.

PLEASE REVIEW AND SIGN WHERE INDICATED:

Nothing on the application is intended to create or imply a contractual relationship; if hired, the employee understands that the employment is **at will** (i.e. is not for any specific time period or duration) and can be terminated with or without reason at any time.

In making application for employment:

I certify that the information in this application is true and complete for all practical purposes. It may be verified by the agency or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the agency or its affiliates are relieved of all commitments, financial, or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

I have read and understand and agree to the above statements.

SIGNATURE

DATE

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

EMPLOYER	PERSON CONTACTED	RESULTS
1.		
2.		
3.		
4.		

TEST RESULTS

TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

INTERVIEW RESULTS

INTERVIEWER NAME AND COMMENTS

SELECTFORM, INC. believes that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in the "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.

Section 3 Form #4- SECTION 3 EMPLOYEE SELF-CERTIFICATION FORM

The purpose of this form is to comply with HUD Section 3 administration and certification regulations.

Printed Name of Individual: _____

My home address is (must be a street address and NOT a P.O. Box number):

Street Address _____ Apt Number _____ City _____ State _____ Zip _____

Phone #: _____ **Email Address:** _____

I certify that I am a legal resident of the United States and meet the income eligibility and federal guidelines for a Section 3 Resident below:

To qualify as a Section 3 Resident, you must meet one of the following standards:

1. Be a public housing resident or a Housing Choice Voucher program participant (Section 8 rent assistance voucher) managed by WHA; OR
2. Be a low income or very low income person who resides in a county where Waco Housing Authority and Affiliates is located; these counties include McLennan, Hill, Johnson, Somervell, and Hood; and whose total household income does not exceed the following amounts:

Table of Adjusted Low Income for Waco Housing Authority and Affiliates

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Household Income	31,400	35,850	40,350	44,800	48,400	52,000	55,600	59,150

(Check all that apply):

- I am a public housing resident (Name of housing development: _____)
- I am a Section 8 rent assistance participant with WHA (have a Housing Choice Voucher)
- I live in the service area of the Housing Authority (Name of County _____) and claim a section 3 preference.
- I do NOT claim a Section 3 preference.

Section 3 Form #4- **SECTION 3 EMPLOYEE SELF-CERTIFICATION FORM**

I hereby certify to the U.S. Department of Housing and Urban Development (HUD) and to the Waco Housing Authority and Affiliates that all of the information on this form is true and correct. I attest under penalty of perjury that my total household income and household size is as shown above, and that proof of this information may be requested in the future. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification. I also understand that failure to complete this form completely and accurately may result in other administrative remedies available to HUD.

Signature

Date