

**Charlottesville Redevelopment
And Housing Authority**

P.O. Box 1405
Charlottesville, Virginia 22902
Telephone (434) 326-4672 Fax (434) 293-3460
Web Site: www.cvillerha.com



EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The Charlottesville Redevelopment and Housing Authority will provide reasonable accommodation, upon request, to provide assurances that persons with disabilities may fully access and utilize the housing program and related services. For help with this request, please contact CRHA at 326-4748.
The Charlottesville Redevelopment and Housing Authority does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, veteran status, or union affiliations in any of its federally assisted programs and activities.

PRIVACY NOTICE: The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for positions. CRHA policy and federal statute authorize the maintenance of this information. Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment. The CRHA official responsible for maintaining the information contained on this form is the Director of Operations for all staff of the CRHA.

POSITION APPLIED FOR (Please list only one position per application):

1 Name Last First Middle	2 Social Security Number ----- / ---- / -----
3 Address Number Street Apartment #	4 Phone Numbers Daytime () _____ Evenings () _____ Other () _____
City State Zip Code	5 Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

6a Are you currently employed by the Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	6b Have you ever worked for the Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, date left: _____/_____/_____ <small>mo day year</small>
---	---

7a Do you have a high school diploma or GED equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	7b If not, what is the highest grade that you completed? _____
---	---

8 Name and location (City & State) of College(s) or University (ies) attended	Major field of study	Degree received?			
		No	Yes	Type	Year

9 Other training (including business, trade, military, or correspondence schools)		
Name and location of school (city & state)	Type of training	Year

10 Use this space to give any special qualifications to the position for which you are applying which are not covered elsewhere in your application (such as professional or certificate, skills in operation of machines, technical skills, or other special training).

Work Experience

11 LIST JOBS STARTING WITH THE PRESENT AND WORKING BACK	
11a Position	Name, title and phone number of immediate supervisor
Employer (company or organization)	Address of Employer
Dates of Employment (information must be completed) From _____ To _____ Mo. Yr. Mo. Yr. Last salary _____ per _____ Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:

11b Position	Name, title and phone number of immediate supervisor
Employer (company or organization)	Address of Employer
Dates of Employment (information must be completed) From _____ To _____ Mo. Yr. Mo. Yr. Last salary _____ per _____ Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:

11c Position	Name, title and phone number of immediate supervisor
Employer (company or organization)	Address of Employer
Dates of Employment (information must be completed) From _____ To _____ Mo. Yr. Mo. Yr. Last salary _____ per _____ Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:

11d Position		Name, title and phone number of immediate supervisor	
Employer (company or organization)		Address of Employer	
Dates of Employment (information must be completed) From _____ To _____ Mo. Yr. Mo. Yr. Last salary _____ per _____ Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:		

11e Position		Name, title and phone number of immediate supervisor	
Employer (company or organization)		Address of Employer	
Dates of Employment (information must be completed) From _____ To _____ Mo. Yr. Mo. Yr. Last salary _____ per _____ Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below:		

12 Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? Yes No
(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)

13a Do you have a valid driver's license? Yes No
 License Number _____ State _____ Exp. Date _____

13b Do you authorize the Authority to check your driving record, both now and on a periodic random basis during employment, for repeated or significant traffic violations? Yes No

14 Word Processing skills? Yes No

15 Are any of your family members currently working for the Authority? Yes No
 If yes, please list the person(s) name.

wife/husband _____ son/daughter _____
 parent _____ grandparent _____
 sister _____ brother _____

16 Are you willing to work: Part-time _____ Full-time _____ Temporary _____ Substitute _____ Regular _____

17 Please describe special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional license or certificate, skills in the operation of machines/equipment, technical skills, volunteer work, military experience, professional development activities, or other special training.)

18 Professional Work References List three professional references who have knowledge of your qualifications.

Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail
Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail
Name/ Company Name/Address	Title/Relationship	Phone Number/e-mail

19 Section 3 Qualifications. Check all that apply.

I am a public housing resident or Section 8 lease holder. Yes No

I am a resident of the City or the Metropolitan Area. Yes No
(The Charlottesville Metropolitan area includes Albemarle County, VA; Greene County, VA; Fluvanna County, VA; and Nelson County, VA)

I meet the annual household income guidelines for a low or very low income person as listed in the chart below: Yes No

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Low (up to or below)	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250	\$84,350
Very Low (up to or below)	\$28,000	\$32,000	\$36,000	\$39,950	\$43,150	\$46,350	\$49,550	\$52,750

20 PRE-EMPLOYMENT STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from The Charlottesville Redevelopment and Housing Authority's employ.

2. Any offer of employment I may receive from The Charlottesville Redevelopment and Housing Authority is contingent upon my successful completion of the agency's total pre-employment screening process, including the agency's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the agency may require. I also agree, if employed, to submit to a medical examination at any time at the agency's request.

4. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the agency and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself.

Signature of Applicant

Date

AUTHORIZATION FOR REFERENCE and CRIMINAL BACKGROUND CHECK

INFORMATION TO BE SEARCHED:					
NAME	First	Last		Middle Initial/Maiden	
	Race	Sex	Date of Birth		Social Security Number
MAILING ADDRESS	P.O. Box/Street			PHYSICAL	Street
	City/Town				City/Town
	State/Zip				State/Zip
E-MAIL					
TELEPHONE NUMBERS	Home		Work		Other
ID INFORMATION	Driver's License/ID Number		Expiration Date		

Notes: _____

AFFIDAVIT FOR RELEASE OF INFORMATION: For the purpose of consideration, I hereby authorize CRHA and/or their appointed designee to obtain and/or receive any record pertaining to me which may be in any state within these United States or in any other country. The intent of this authorization is to give my consent for full and complete disclosure of records/information and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed. Further, for the purpose of consideration of this request, I authorize CRHA to speak and obtain information from any parties with knowledge of me or circumstance(s) related to me.

Signature _____
Date

**Original – CRHA Staff File
Copy – Law Enforcement Agency
Copy- Department of Motor Vehicles
Copy- Credit Review Agency**

**CHARLOTTESVILLE REDEVELOPMENT & HOUSING AUTHORITY
APPLICATION AFFIRMATIVE ACTION DATA FORM**

The Charlottesville Redevelopment & Housing Authority has an Affirmative Action program to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. The completion of this form is voluntary; neither its completion nor refusal to complete it will subject you to any adverse treatment. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way. Thank you.

1 Application for position of (please list only one position per application): 	2 Social Security Number _____/_____/_____ 		
3 Name <div style="display: flex; justify-content: space-around; width: 100%;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Last First MI </div>	4 Date of Birth _____/_____/_____ <small>Month/Day/Year</small>		
5 Ethnic Origin (Note: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows: (Please check which items apply): <input type="checkbox"/> (a) White (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East <input type="checkbox"/> (b) Black (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa <input type="checkbox"/> (c) Hispanic All persons of Mexican, Puerto Rican, Cuban, or South Spanish culture or origin, regardless of race. <input type="checkbox"/> (d) Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. <input type="checkbox"/> (e) American Indian or Alaskan Native All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.	6 Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
7 (a) Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If yes, check <input type="checkbox"/> Vietnam Era, 1962- 1975, <input type="checkbox"/> Other <input type="checkbox"/> Disabled			
8 How did you learn about the job for which you are applying? (please check which items apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Newspaper (name) _____ _____ Job Bulletin (where posted) _____ _____ Magazine/Journal (name) _____ _____ City's Jobs Board on the Internet _____ _____ Other Web Site (specify) _____ </td> <td style="width: 50%; border: none;"> _____ Walk in (where) _____ _____ College/University/School (name) _____ _____ Other (specify) _____ _____ City's Job Hotline _____ </td> </tr> </table>		_____ Newspaper (name) _____ _____ Job Bulletin (where posted) _____ _____ Magazine/Journal (name) _____ _____ City's Jobs Board on the Internet _____ _____ Other Web Site (specify) _____	_____ Walk in (where) _____ _____ College/University/School (name) _____ _____ Other (specify) _____ _____ City's Job Hotline _____
_____ Newspaper (name) _____ _____ Job Bulletin (where posted) _____ _____ Magazine/Journal (name) _____ _____ City's Jobs Board on the Internet _____ _____ Other Web Site (specify) _____	_____ Walk in (where) _____ _____ College/University/School (name) _____ _____ Other (specify) _____ _____ City's Job Hotline _____		

The CRHA does not discriminate in employment because of race, color, religion, sex, age, national origin, political affiliation, disability, or any other non-job related factor.