

NEW BEDFORD HOUSING AUTHORITY

128 Union Street 4th Floor
New Bedford, MA 02740
508-997-4829

Application for Employment

Company is an Equal Opportunity Employer. We do not unlawfully discriminate against any applicant on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability or any other category protected by federal, state or local law.

General Information

(Please Print) Date of Application: _____

Position Applied for: _____

Referral Source: _____

Do you have any family members employed here? _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Telephone: () _____ Cellular Telephone: () _____

Social Security Number: _____

Have you ever submitted an application to us before? _____ Yes _____ No

Have you ever worked for us before? _____

On what date are you available to work? _____

Do you have a valid driver license? _____

Do you have access to transportation? _____

Are you capable of satisfactorily performing the essential job duties of the position you are applying for, with or without reasonable accommodation? _____ Yes _____ No.

If you require reasonable accommodation to ensure full participation in our recruitment and selection process, please attach a description of the desired accommodation.

Employment Experience

Please list the names of your present and previous employers, starting with your present/most recent employment. You should include information about verifiable work performed on a volunteer basis and military service. Be sure to account for all periods of time, including any periods of unemployment. Use additional pages if needed.

Employer _____ Date Employed From _____ To _____

Address _____

Job Title _____

Supervisor _____

Hourly Rate: Starting \$ _____ Final \$ _____

Reason for Leaving _____

Employer _____ Date Employed From _____ To _____

Address _____

Job Title _____

Supervisor _____

Hourly Rate: Starting \$ _____ Final \$ _____

Reason for Leaving _____

Employer _____ Date Employed From _____ To _____

Address _____

Job Title _____

Supervisor _____

Hourly Rate: Starting \$ _____ Final \$ _____

Reason for Leaving _____

Employer _____ Date Employed From _____ To _____

Address _____

Job Title _____

Supervisor _____

Hourly Rate: Starting \$ _____ Final \$ _____

Reason for Leaving _____

Education

Type of School	Name/Address	Subject Studied	Degree
High School			
College			
Graduate School			
Technical School			

You may include subjects of special study, research work, special training, or qualifications which you believe may be helpful to us in considering your application . _____

What foreign languages do you speak, read, and or write? _____

SECTION 3 RESIDENT CERTIFICATE

Please complete the following information and sign your name and attach income verification if appropriate.

I, _____, the undersigned being duly sworn, on oath, represents, warrants, certifies, deposed and says, under penalty of law, as follows:

1. My current address is (give street address, city, state, and zip code):

_____ Phone: _____
 Email: _____

2. I am am not a resident of the New Bedford Housing Authority. If you are, please give the name of your public housing development.

3. I do do not receive assistance from a New Bedford Housing Authority Housing Choice voucher program (Section 8).

4. Find your family size in the box below. Is your family income equal to or less than the income listed below that box? YES NO

1 PERSO N	2 PERSO N	3 PERSO N	4 PERSO N	5 PERSO N	6 PERSO N	7 PERSO N	8 PERSO N
\$34,650	\$39,600	\$44,550	\$49,500	\$53,500	\$57,450	\$61,400	\$65,350

I understand that the information above relating to the size and annual income of my family requires verification. I agree to provide documents verifying this information. I also authorize my employer to release this information to the United States Department of Housing and Urban Development, the New Bedford Housing Authority and the prime and/or sub-contractors to verify my status as a "Section 3 Resident".

 Please print your name

 Please sign your name

Applicant Data Record

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex national origin, age, marital or veteran status.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date _____

Position Applied For _____

Name _____ Phone() _____

Address _____

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Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: _____ Male _____ Female

Check one of the following:

Race/Ethic Group: _____ White _____ Black _____ Hispanic _____ Cape Verdean
 _____ American Indian/Alaskan Native _____ Asian/Pacific Islander

