

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 Individual Low-Income Person Self-Certification Form

(In Compliance with Section 3 of the HUD Act of 1968 Updated 24 CFR Part 75 11/30/2020)

The purpose of this form is to comply with Section 3 of the HUD Act of 1968 self-certification income requirements.

To count as a Section 3 individual, any legal resident of the United States annual income must not exceed the HUD income limits for the year before they were hired, or, the individuals current year income annualized for the year you are being confirmed as low-income.

Printed Name: _____

Street Address (Not a P.O. Box) Apt# City State Zip

Phone #: _____ Email: _____

Please check all (more than one if applicable) of the following statements that apply to your Section 3 eligibility:

| | |
|---|---|
| <input type="checkbox"/> My Individual income does not exceed the HUD monetary limit (listed in adjacent box) | HUD Individual Income Limit \$47,150 |
| <input type="checkbox"/> I am a Public Housing Resident or Section 8 Assists me with my rent | |
| <input type="checkbox"/> I receive No HUD support, but I am low-income and live in the Service Area | |

I hereby certify to the US Department of Housing and Urban Development (HUD) that all the information on this form is true and correct. I attest under penalty of perjury that my total income is as shown above, and that proof of this information may be requested. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual. Finally, I authorize including my name on a list of Section 3 Residents seeking employment and to include my contact information so that contractors may contact me directly for any employment opportunities.

Signature _____

Date _____

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