

The Housing Authority of the City of Alexander City, Alabama

Application for Employment

Applications will only be accepted for open positions and must be received by the required deadline. NO generic applications will be accepted.

The Alexander City Housing Authority is an equal opportunity employer and takes affirmative action to ensure both job applicants and employees are given fair and equal treatment. All applicants will be considered without regard to race, color, religion, sex, national origin, age, marital or veteran status; disability; economic or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Employee Information

Name _____
Last First Middle

Address _____
Street Apt. # City State Zip
Code

Home Phone () _____ Cell Phone () _____ Social Security Number _____

Position(s) applied for _____

Have you filed an application here before? Yes No If yes, give date: _____

Have you been employed here before? Yes No If yes, give date: _____

Are any of your relatives presently employed with the Company? Yes No

If yes, please provide names of relatives, their positions, and departments.

Are you employed now? Yes No What date would you be available for work? _____

Wage expected? _____

Are you available to work? Full time Part time Shift work Temporary
(Check all that apply)

Are you fluent in any foreign language (if job related)? List: _____

Are you over the age of 18? Yes No

Education

	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree Received			
Honors Received			
Describe Course of Study			

Do Not List Graduation Dates

Employment Experience

List all of your work experience including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Work Performed: _____

May We Contact This Employer? Yes No If no, why not? _____

Skills/Training/ Certifications

Please summarize your job-related skills, specialized training, or certifications: _____

List job related professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List job-related special accomplishments, publications, and awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

References

Provide **complete** contact information on three (3) coworkers or supervisors (not related to you) we may contact as references. At least one of these must be a previous supervisor.

<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
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<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
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<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
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Acknowledgements

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand and agree that any false, misleading, or incomplete information given in my application, interview(s), or other pre-employment questionnaires and procedure, regardless of when discovered by the Alexander City Housing Authority will be sufficient basis for my disqualification for employment, or, if already employed by the Alexander City Housing Authority, the termination of my employment with the Alexander City Housing Authority.

I agree that the Alexander City Housing Authority shall not be liable in any respect if I am not hired or if my employment is terminated as a result of providing such false, misleading, or incomplete information.

Information Release. I authorize The Alexander City Housing Authority to contact any company, institution, or individual it deems appropriate to investigate my education, employment history, character, qualifications, driving record, and other job- related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the Housing Authority. I also release the Housing Authority from all liability that might result from checking such references.

Employment Eligibility Verification. In accordance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act of 2011, I understand that all post-offer employment eligibility verifications are processed through the E-Verify Internet-Based System. I have received a copy of the "Notice of E-Verify Participation" and the "Right To Work" with this application.

Drug Testing and Fitness for Duty. The Alexander City Housing Authority is a drug-free workplace. A post-offer drug test and physical examination will be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Criminal Background Check. I understand the Alexander City Housing Authority requires and will conduct a criminal background check on all new employees prior to the first day of employment.

"At-Will" Status. I understand Alabama is an "at will" state and that the Alexander City Housing Authority is an "at will" employer. Any offer of employment does not constitute an employment contract. Employment may be terminated at any time by either party, with or without cause.

Application Status. I understand this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Housing Authority and still wish to be considered for employment, it will be necessary to complete a new application.

Signature

Date

Attachments:

- (1) Authorization to Release Information of Employment Records
- (2) Section 3 Self-Certification Form & Income Limits Summary
- (3) Notice of E-Verify Participation
- (4) Right To Work
- (5) Voluntary Self-Identification of Disability



The Housing Authority of the City of Alexander City

2110 County Road, Alexander City, AL 35010

Telephone: (256) 329-2201 Fax: (256) 329-6535

Authorization To Release Information Of Employment Records *(Complete one Release Form per previous employer)*

TO: _____

ADDRESS: _____

I have applied for employment with The Alexander City Housing Authority. As part of the application process The Alexander City Housing Authority conducts reference checks.

I therefore authorize and request that you furnish relevant, job-related information to The Alexander City Housing Authority and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to the Housing Authority and/or its agents.

A photocopy of this authorization is as effective as the original.

Name _____ Social Sec # _____

Dates of Employment: From _____ To _____

Past Positions Held: _____

Department/Location: _____

If name has changed (through marriage, etc.) please print former name: _____

Signature

Date

Board of Commissioners: Chairman, Skipper Worthy; Vice Chairman, Mark M. Tuggle,
Darrell T. Armour; John Nolen; Frances Bowers; Executive Director, Donna K. Gabel

Email: donnagabel@alexcityhousing.org

Web Site: www.alexcityhousing.org

SECTION 3 RESIDENT SELF-CERTIFICATION AND SKILLS DATA FORM (Page 2 of 2)

- Graduated High School or GED Yes No
- Read & Speak English Fluently Yes No
- Graduated College, Trade, or Technical School Yes No

Please list degree or certifications: _____

Check the Skills, Trades, and/or Professions you have been employed in or contracted to do for others:

- Drywall Hanging
- Siding
- Metal/Steel Work
- Cabinet Hanging
- Door Replacement
- Trim/Carpentry
- Heavy Equipment Operator
- Exterior Plumbing
- Exterior Framing
- Stucco
- Construction Cleaning
- Concrete/Asphalt Work
- Roofing
- Landscaping
- Fencing
- Window/Door Replacement

- Telephone Customer Service
- Personal Care Aide Receptionist
- Teaching/Training
- Sales
- Data Entry
- Cleaning
- Administrative/Clerical
- Drywall Finishing
- Interior Painting
- Framing
- Welding
- HVAC
- Electrical
- Interior Plumbing

- Driver's License Commercial Driver's License (CDL)
- Other _____ Other _____
- Other _____ Other _____

I am interested in: Training Opportunities Employment Opportunities Both

What career training are you interested in? _____

I hereby certify to the U.S. Department of Housing and Urban Development (HUD) and to the Housing Authority of the City of Alexander City 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. Finally, I authorize the Housing Authority to include my name on a list of Section 3 Residents seeking employment and to include my contact information so that contractors may contact me.

Signature

Date

[Type here]



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of
Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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